According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED 0579-0036 Exp. 10/31/2018

This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an order to cease and desist

Interagency Report Control No. 0180-DOA-AN

Fiscal Year 2013

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NUMBER

34-R-0001

2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)

UNIVERSITY OF MICHIGAN 412 VICTOR VAUGHAN 1111 CATHERINE STREET ANN ARBOR, MI 48109

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets, if

FACILITY LOCATIONS (Sites)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.)	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)	
4. Dogs	0	0	53	0	53	
5. Cats	0	0	0	0	0	
6. Guinea Pigs	0	120	286	51	457	
7. Hamsters	0	50	51	0	101	
8. Rabbits	0	82	391	0	473	
9. Non-human Primates	0	0	32	82	114 484	
10. Sheep	0	60	282	142		
11. Pigs	0	2	263	12	277	
12. Other Farm Animals	0	0	4	0	4	
13. Other Animals	0	1196	1200	0	2396	

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2.) Each principal investigator has considered alternatives to painful procedures.
- This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator 3.) and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.))

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

DATE SIGNED 01-MAY-2014

SIGNATURE OF C.E.O. OR I.O.

(6), (b)(7)(c)

JUL 2013

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OMB APPROVED 0579-0036

This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150.

Interagency Report Control No. 0180-DOA-AN

Fiscal Year 2013

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NUMBER

34-R-0001

2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)

UNIVERSITY OF MICHIGAN 412 VICTOR VAUGHAN 1111 CATHERINE STREET

ANN ARBOR, MI 48109

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)						
A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)	
RED-BACKED VOLES	0	36	0	0	36	
SOUTHERN BOG LEMM	IING 0	1	0	0	1	
UNIDENTIFIED DEER M	ICE 0	11	0	0	11	
WHITE FOOTED MICE	0	37	0	0	37	
PRAIRIE VOLES	0	863	937	0	1800	
COTTON RATS	0	15	263	0	278	
SHORT TAILED SHREW	/S 0	57	0	0	57	
RED BACKED VOLES	0	36	0	0	36	
MEADOW VOLES	0	2	0	0	2	
EASTERN CHIPMUNKS	0	33	0	0	33	
MASKED SHREWS	0	12	0	0	12	
PYGMY SHREWS	0	1	0	0	1	
SHREWS	0	1	0	0	1	
MEADOW JUMPING MIC	CE 0	1	0	0	1	
SOUTHERN FLYING SC	UIRRELS 0	2	0	0	2	
NORTHERN FLYING SC	UIRRELS 0	4	0	0	4	
SOUTHERN BOG LEMM	IINGS 0	1	0	0	1	
SMOKY SHREW	0	30	0	0	30	
-OPOSSUMS	0	1	0	0	1	
RACCOONS ASSURANCE STATEMENTS	0	4	0	<u> </u>	4	
WOORLAND DEED MIC						

WOOPLANSDAMERONGE	e standards g overning t	ne care, treatme௸, and use of ani	mals, including@ppropriate use of	anesthetic, analgesic, and tranquilizing drugs, p	rior to, during, and following
actual research, teaching	, testing, surgery, or ex	perimentation were followed by th	is research facility.		
DEER_MICE	0		0	0	11
2) Fach principal investigato	nr has considered altern	atives to nainful procedures			

- 3.) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).						
(b)(6), (b)(7)(c)		DATE SIGNED 01-MAY-2014				