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.						
This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an o and to be subject to penalties as provided for in Section 2150.				e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013
UNITED ST ANIMAL AN		1. REGISTRATION NUMBER 55-R-0001				
ANNUAL RE	LITY WAKE FOR MEDICAL	2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) WAKE FOREST UNIVERSITY MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157				
3. REPORTING FACILITY (Innecessary.)	List all locations where animal	s were housed or used in act	ual research, testing, teaching, or	experimentation	, or held for these purposes. Attack	additional sheets, if
		F	ACILITY LOCATIONS (Sites)			
(b)(7)(F) REPORT OF ANIMALS USE A. Animals Covered By The Animal Welfare Regulations	D BY OR UNDER CONTROL 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.	OF RESEARCH FACILITY C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	Attach additional sheets, if neces 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 experime conducte distress i appropria tranquiliz affected interpret experime of the pro these an	HIS FORM 7023A.) of animals upon which teaching, ents, research, surgery, or tests wer d involving accompanying pain or o the animals and for which the use te anesthetic, analgesic, or ing drugs would have adversely the procedures, results, or ation of the teaching, research, ents, surgery, or tests. (An explanatio bocedures producing pain or distress inals and the reasons such drugs used must be attached to this report	of TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	0	15	50		0	65
5. Cats	0	0	39		0	39
6. Guinea Pigs	0	0	0		0	0
7. Hamsters	0	0	0		0	0
8. Rabbits	0	3	78		0	81
9. Non-human Primates	0	44	1046		0	1090
10. Sheep	0	19	95		0	114

ASSURANCE STATEMENTS

11. Pigs

12. Other Farm Animals

13. Other Animals

1.) 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.

278

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591

2.) Each principal investigator has considered alternatives to painful procedures.

0

0

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39

0

0

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).

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

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

DATE SIGNED 18-FEB-2014

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unless it displays a valid ON collection is estimated to ave		DMB control number for this in cluding the time for reviewing	formation coll	ection is 0579-0036.	The time requir	collection of information red to complete this information hering and maintaining the data	OMB APPROV 0579-0036	
	(7 U.S.C. 2143). Failure to re s as provided for in Section 21		ons can resul	t in an order to cease	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 201	13
	TATES DEPARTMENT D PLANT HEALTH IN			1. REGISTRATIO 55-R-0001				
CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) WAKE FOREST UNIVERSITY MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157				
	ED BY OR UNDER CONTROL				-	,		
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.	which e teachir surgen conduc accom or distr animal which a anesth	er of animals upon experiments, g, research, y, or tests were ted involving panying pain ess to the ess to the s and for appropriate etic, analgesic, or lizing drugs were	experime were cor pain or d which the analgesii adversel or interpr experime of the pro on these	of animals upon which teaching, ints, research, surgery, or tests diducted involving accompanying istress to the animals and for e use of appropriate anesthetic, c, or tranquilizing drugs would have y affected the procedures, results, retation of the teaching, research, nits, surgery, or tests. (An explana occdures producing pain or distres animals and the reasons such dru, used must be attached to this rep	CF AN (Cols. C s gs	NUMBER IIMALS + D + E)
CHINCHILLAS	0	0		453		10		463
VOLES	0	0		138		8	1	146
ASSURANCE STATEMENT	S	1	1		1		<u> </u>	

1.) 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.

- 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).							
(6), (b)(7)(c)				DATE SIGNED			
				18-FEB-2014			