it displays a valid OMB contro collection is estimated to aver	ol number. The valid OMB cor	ntrol number for this informatic cluding the time for reviewing	on collection is 0579-0036. The ti	o respond to, a collection of information unless me required to complete this information ata sources, gathering and maintaining the data	OMB APPROVED 0579-0036 Exp. 10/31/2018			
This report is required by law and to be subject to penalties	Fiscal Year 2013							
UNITED ST	ATES DEPARTMENT D PLANT HEALTH IN	OF AGRICULTURE	70 0 0000	No. 0180-DOA-AN 1. REGISTRATION NUMBER 72-R-0002				
			2. HEADQUART	ERS RESEARCH FACILITY (Name, address, and USDA, include ZIP Code)	telephone number as			
ANNUAL RE	PORT OF RES	EARCH FACI		NIVERSITY				
	(TYPE OR PRIN	T)	1440 Cana	St., Suite 2400 #8401				
			Autor Contrast of place Software U.S. Co	EANS, LA 70112				
 REPORTING FACILITY (Interessary.) 	List all locations where animal			experimentation, or held for these purposes. Attac	h additional sheets, if			
		Fi	ACILITY LOCATIONS (Sites)					
(b)(7)(F)								
REPORT OF ANIMALS USE A.	D BY OR UNDER CONTROL B.	OF RESEARCH FACILITY	(Attach additional sheets, if neces D. Number of animals upon	sary, or use APHIS FORM 7023A.) E. Number of animals upon which teaching,	F.			
Animals Covered By The Animal Welfare Regulations	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	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.	experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanat of the procedures producing pain or distress these animals and the reasons such drugs were not used must be attached to this report the second second second second second second second the second second second second second second second second second the second second second second second second second second second second test second	e of TOTAL NUMBER OF ANIMALS (Cols. C + D + E) ion			
4. Dogs	0	0	0	0	0			
5. Cats	0	0	0	0	0			
6. Guinea Pigs	0	0	0	0	0			
7. Hamsters	0	0	0	0	0			
8. Rabbits	0	0	4	0	4			
9. Non-human Primates	4664	6	1139	4	1149			
10. Sheep	0	0	0	0	0			
11. Pigs	0	0	12	0	12			
12. Other Farm Animals								
13. Other Animals	0	0	12	0	12			

ASSURANCE STATEMENTS

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).

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

(b)(7)(c)

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

DATE SIGNED 11-MAR-2014

APHIS FORM 7023 JUL 2013

	B control number. The valid C rage 2 hours per response, in	OMB control number for this in cluding the time for reviewing	formation collection is 057	9-0036. The time requi	collection of information red to complete this information hering and maintaining the data	OMB APPROVED 0579-0036
This report is required by law and to be subject to penalties			ons can result in an order	to cease and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013
	ATES DEPARTMENT D PLANT HEALTH IN		70	STRATION NUMBER R-0002	•	
	ATION SHEET T OF RESEAR (TYPE OR PRIN	CH FACILITY	L With US TUL	QUARTERS RESEARC SDA, include ZIP Code) ANE UNIVERSITY O Canal St., Suite 24 V ORLEANS, LA 70	400 #8401	l telephone number as registered
	D 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.	D. Number of animals which experiments teaching, research, surgery, or tests we conducted involving accompanying pair or distress to the animals and for which appropriate anesthetic, analges tranquilizing drugs used.	experime were con gre pain or c g which th analgesi adversel or interp experime sic, or of the pr were on these	of animals upon which teaching, ents, research, surgery, or tests ducted involving accompanying listress to the animals and for e use of appropriate anesthetic, c, or tranquilizing drugs would hav y affected the procedures, results, retation of the teaching, research, ents, surgery, or tests. (An explana occedures producing pain or distres animals and the reasons such dru t used must be attached to this rep	(Cols. C + D + E)
CHINCHILLA	0	0	12		0	12
ASSURANCE STATEMENT	S	-	·	•		

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- 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.
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(6), (b)(7)(c)				DATE SIGNED					