| 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 and to be subject to penalties as provided for in Section 2150. | | | | in an order to ceas | se and desist Interagency Report Control No. 0180-DOA-AN | | Fiscal Year 2015 | |
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE | | | | 1. REGISTRATION NUMBER 86-R-0003 | | | | |
| ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | | | | HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) THE UNIVERSITY OF ARIZONA 1501 N. CAMPBELL AVE., ROOM 1126 P O BOX 245092 | | | | |
| | | | | TUCSON, AZ 85724 testing, teaching, or experimentation, or held for these purposes. Attach additional sheets, if | | | | |
| necessary.) | LISL àn iocations where armai | | | 0. 0. | ехрентет | dlivii, vi neiu ivi inese purposes. Autori au | allionai sneets, n | |
| | | | ACILITY LOCA | Allons (Sites) | | | | |
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| | | | | | | | | |
| | | OF RESEARCH FACILITY | (Attach addition | nal sheets, if neces | sary, or us | e APHIS FORM 7023A.) | | |
| 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. | | exp con distr app tran affe intel exp of th thes | her of animals upon which teaching, priments, research, surgery, or tests were ducted involving accompanying pain or ess to the animals and for which the use of ropriate anesthetic, analgesic, or quilizing drugs would have adversely cted the procedures, results, or pretation of the teaching, research, priments, surgery, or tests. (An explanation her procedures producing pain or distress on the animals and the reasons such drugs e not used must be attached to this report.) | F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E) | |
| 4. Dogs | 0 | 0 | 0 | | | 0 | 0 | |
| 5. Cats | 0 | 0 | | 0 | | 0 | 0 | |
| 6. Guinea Pigs | 0 | 6 | | 4 | | 0 | 10 | |
| 7. Hamsters | 0 | 7 | 160 | | 0 | | 167 | |
| 8. Rabbits | 0 | 4 | | 4 | | 0 | 8 | |
| 9. Non-human Primates | 0 | 0 | 19 | | 0 | | 19 | |
| 10. Sheep | 0 | 21 | 34 | | 0 | | 55 | |
| 11. Pigs | 0 | 3 | 180 | | 0 | | 183 | |
| 12. Other Farm Animals | 0 | 0 | 38 | | 0 | | 38 | |
| | | | Γ | | T | | | |
| 13. Other Animals | 0 | 0 | 32 | | | 0 | 32 | |
| | | | | | | | | |

ASSURANCE STATEMENTS

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). | | | | | |

DATE SIGNED 18-NOV-2015

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| | B control number. The valid C age 2 hours per response, in | OMB control number for this in cluding the time for reviewing | formation colle | ection is 0579-0036. | The time requir | collection of information ed to complete this information hering and maintaining the data | (| DMB APPROVED 0579-0036 |
|---|---|--|--|--|---|--|--------------------------|---|
| This report is required by law and to be subject to penalties | | | ons can result | in an order to cease | e and desist | Interagency Report Control No. 0180-DOA-AN | Fis | cal Year 2015 |
| | ATES DEPARTMENT D PLANT HEALTH IN | OF AGRICULTURE | | 1. REGISTRATIO 86-R-0003 | | | - | |
| 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) THE UNIVERSITY OF ARIZONA 1501 N. CAMPBELL AVE., ROOM 1126 P O BOX 245092 TUCSON, AZ 85724 | | | | |
| REPORT OF ANIMALS USE | | | | | | , | | _ |
| 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 teachin surgery conduc accomp or distr animals which a anesthe | r of animals upon experiments, g, research, r, or tests were ted involving boanying pain ess to the s and for appropriate etic, analgesic, or lizing drugs were | experime were con pain or di which the analgesic adversely or interpr experime of the pro on these | of animals upon which teaching, ints, research, surgery, or tests ducted involving accompanying istress to the animals and for use of appropriate anesthetic, c, or tranquilizing drugs would hav, affected the procedures, results, etation of the teaching, research, ntls, surgery, or tests. (An explana ocedures producing pain or distres animals and the reasons such dru, used must be attached to this rep | re ation ss ugs | F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E) |
| KAGAROO RAT (WILD) | 0 | 0 | 32 | | | 0 | | 32 |
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| ASSURANCE STATEMENTS | 3 | | | | | | | |

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). | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|
| | DATE SIGNED | | | | | | | |

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