it displays a valid OMB control	I number. The valid OMB con age 2 hours per response, in	ntrol number for this informati cluding the time for reviewing	on collection is 0579-0	036. The tin	me required to c	collection of information unless omplete this information eering and maintaining the data	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 No. 0180-DOA-AN							Fiscal Year 2013	3
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 93-R-0066				
					ERS RESEARC USDA, include	H FACILITY (Name, address, and ZIP Code)	telephone number as	
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N. TORREY PINES ROAD				
	L	LA JOLLA, CA 92037						
3. REPORTING FACILITY (L necessary.)	ist all locations where animal	s were housed or used in act	ual research, testing, t	eaching, or e	experimentation	, or held for these purposes. Attac	h additional sheets, if	
		F,	ACILITY LOCATIONS	(Sites)				
(b)(7)(F)								
REPORT OF ANIMALS USE	D BY OR UNDER CONTROL	OF RESEARCH FACILITY	Attach additional shee	ets, if necess	sarv. or use API	IIS 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.	 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 Numb experi condu distres appropriate tranquilizing drugs were 		experime conducte distress t appropria tranquiliz affected t interpreta experime of the pro these ani	of animals upon which teaching, nts, research, surgery, or tests we d involving accompanying pain or o the animals and for which the us te anesthetic, analgesic, or ng drugs would have adversely he procedures, results, or tion of the teaching, research, nts, surgery, or tests. (An explana cedures producing pain or distres. mals and the reasons such drugs used must be attached to this repo	of TOTAL NUM OF ANIMA (Cols. C + D	ALS
4. Dogs	0	0	0			0	0	
5. Cats	0	0	0			0	0	
6. Guinea Pigs	0	0	19			0	19	
7. Hamsters	0	0	0	0		0	0	
8. Rabbits	0	0	34			0	34	
9. Non-human Primates	6	0	41			0	41	
10. Sheep	0	0	0			0	0	
11. Pigs	0	0	0			0	0	
12. Other Farm Animals								
40. Others Animals								
13. Other Animals	0	0	0			0	0	
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. 1.)

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 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. 3.)

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 4.) 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).							
OF C.E.O. OR LO.	NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)	DATE SIGNED					
(b)(7)(c)	Obtained by Rise for Animal	s. Uploaded 08/12/2020					
	Retrieved from Animal Research Labor	atory Overview (ARLO)					



SIGNATURE