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 and to be subject to penalties as provided for in Section 2150.

Interagency Report Control No. 0180-DOA-AN

Fiscal Year 2014

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NUMBER 93-R-0422

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

CALIFORNIA STATE UNIVERSITY SONOMA 1801 EAST COTATI AVENUE

ROHNERT PARK, CA 94928

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 necessary.)

FACILITY LOCATIONS (Sites)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use APHIS FORM 7023A. E. Number of animals upon which teaching, Number of animals upon which experiments, experiments, research, surgery, or tests were Number of animals Number of animals teaching, research, conducted involving accompanying pain or upon which surgery, or tests were distress to the animals and for which the use of being bred teaching, research, conducted involving Animals Covered By conditioned, or held appropriate anesthetic, analgesic, or TOTAL NUMBER experiments, or for use in teaching, The Animal accompanying pain or distress to the animals tranquilizing drugs would have adversely affected the procedures, results, or OF ANIMALS tests were Welfare Regulations testing, experiments, conducted involving interpretation of the teaching, research research, or surgery and for which (Cols. C + D + E) no pain, distress, or but not vet used for appropriate anesthetic. experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on use of pain-relieving such purposes. analgesic, or drugs. these animals and the reasons such drugs tranquilizing drugs were used. were not used must be attached to this report.) 0 0 0 0 4. Dogs 0 0 0 0 0 5. Cats Guinea Pigs 0 Λ 0 0 0 7. Hamsters 0 0 0 0 0 8. Rabbits 0 0 0 0 0 9. Non-human Primates 0 0 0 0 0 0 0 0 0 0 10. Sheep

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

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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.
- 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 I | HEADQUA | RTER | S RESEARC | H FACILITY | OFFIC | IAL |
|---------------------------|---------------|--------|-------------|---------------|------------|--------|
| (Chief Executive Officer | (C.E.O.) or L | egally | 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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13-JAN-2015

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