| it displays a valid OMB contro<br>collection is estimated to ave | ol number. The valid OMB cor  | ntrol number for this informati<br>cluding the time for reviewing  | sor, and a person is not required<br>on collection is 0579-0036. The t<br>instructions, searching existing d   | ime required to c   | complete this information  | OMB APPROVED<br>0579-0036<br>Exp.: 10/31/2018   |  |  |  |  |
|--|---|--|--|---|--|---|--|--|--|--|
|  | ions can result in an order to ceas   | e and desist   | Fiscal Year 2015   |   |  |   |  |  |  |  |
| UNITED ST<br>ANIMAL AN   |   | No. 0180-DOA-AN         Fiscul Four 2015           1. REGISTRATION NUMBER         93-R-0425  |  |   |  |   |  |  |  |  |
|  |   |  |  | ERS RESEARC   | H FACILITY (Name, address, and tea<br>ZIP Code)  | ephone number as                                |  |  |  |  |
| ANNUAL RE  |   | SAN DIEGO STATE UNIVERSITY<br>5500 CAMPANILE DRIVE, M.C. 8220  |  |   |  |   |  |  |  |  |
|  |   | SAN DIEGO, CA 92182  |  |   |  |   |  |  |  |  |
| 3. REPORTING FACILITY (<br>necessary.)                           | List all locations where animal   |  |  | r experimentation   | , or held for these purposes. Attach a   | additional sheets, it                           |  |  |  |  |
|  | FACILITY LOCATIONS (Sites)  |  |  |   |  |   |  |  |  |  |
|  |   |  |  |   |  |   |  |  |  |  |
|  |   |  |  |   |  |   |  |  |  |  |
|  |   |  | (Attach additional sheets, if neces  | ssary, or use API   | HIS FORM 7023A.)   |   |  |  |  |  |
| A.<br>Animals Covered By<br>The Animal<br>Welfare Regulations    | B.<br>Number of animals<br>being bred,<br>conditioned, or held<br>for use in teaching,<br>testing, experiments,<br>research, or surgery<br>but not yet used for<br>such purposes. | C.<br>Number of animals<br>upon which<br>teaching, research,<br>experiments, or<br>tests were<br>conducted involving<br>no pain, distress, or<br>use of pain-relieving<br>drugs. | D. Number of animals upon<br>which experiments,<br>teaching, research,<br>surgery, or tests were<br>conducted involving<br>accompanying pain or<br>distress to the animals<br>and for which<br>appropriate anesthetic,<br>analgesic, or<br>tranquilizing drugs were<br>used. | experime<br>conducte<br>distress t<br>approprie<br>tranquiliz<br>affected<br>interpreta<br>experime<br>of the pro<br>these an | of animals upon which teaching,<br>ints, research, surgery, or tests were<br>d involving accompanying pain or<br>o the animals and for which the use of<br>the anesthetic, analgesic, or<br>ing drugs would have adversely<br>the procedures, results, or<br>ation of the teaching, research,<br>ints, surgery, or tests. (An explanation<br>occdures producing pain or distress of<br>imals and the reasons such drugs<br>used must be attached to this report. | TOTAL NUMBER<br>OF ANIMALS<br>(Cols. C + D + E) |  |  |  |  |
| 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  | 0  |   | 0  | 0   |  |  |  |  |
| 9. Non-human Primates  | 0   | 0  | 0  |   | 0  | 0   |  |  |  |  |
| 10. Sheep  | 0   | 0  | 0  |   | 0  | 0   |  |  |  |  |
| 11. Pigs   | 0   | 0  | 0  |   | 0  | 0   |  |  |  |  |
| 12. Other Farm Animals   |   |  |  |   |  |   |  |  |  |  |
|  |   |  |  |   |  |   |  |  |  |  |
| 13. Other Animals  | 0   | 181  | 1  |   | 0  | 182   |  |  |  |  |
|  |   |  |  |   |  |   |  |  |  |  |
|  |   |  |  |   |  |   |  |  |  |  |
|  |   |  |  |   |  |   |  |  |  |  |
| ASSURANCE STATEMENT  |   |  | •  | -   |  |   |  |  |  |  |

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 10-NOV-2015

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| unless it displays a valid OM collection is estimated to ave   |   | OMB control number for this in<br>cluding the time for reviewing   | formation collection  | on is 0579-0036.   | The time requir | collection of information<br>ed to complete this information<br>hering and maintaining the data | OMB APPROVED<br>0579-0036 |  |  |
|--|---|--|---|--|-----------------|---|---------------------------|--|--|
| 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 2015          |  |  |
| UNITED STATES DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE  |   |  |   | 1. REGISTRATION NUMBER<br>93-R-0425  |                 |   |                           |  |  |
| CONTINUATION SHEET FOR ANNUAL<br>REPORT OF RESEARCH FACILITY<br>(TYPE OR PRINT)  |   |  |   | <ul> <li>2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)</li> <li>SAN DIEGO STATE UNIVERSITY</li> <li>5500 CAMPANILE DRIVE, M.C. 8220</li> <li>SAN DIEGO, CA 92182</li> </ul>  |                 |   |                           |  |  |
|  | ED BY OR UNDER CONTROL  |  |   |  | -               | ,   |                           |  |  |
| A.<br>Animals Covered By<br>The Animal<br>Welfare Regulations  | B.<br>Number of animals<br>being bred,<br>conditioned, or held<br>for use in teaching,<br>testing, experiments,<br>research, or surgery<br>but not yet used for<br>such purposes. | C.<br>Number of animals<br>upon which<br>teaching, research,<br>experiments,<br>or tests were<br>conducted involving<br>no pain, distress, or<br>use of pain-relieving<br>drugs. | which expe<br>teaching, re<br>surgery, or<br>conducted<br>accompany<br>or distress<br>animals an<br>which appr<br>anesthetic, | search,<br>ests were<br>nvolving<br>ing pain<br>ng pain<br>o the<br>for<br>were conducted involving accompanying<br>pain or distress to the animals and for<br>which the use of appropriate anesthetic,<br>analgesic, or tranquilizing drugs would have<br>adversely affected the procedures, results,<br>or interpretation of the teaching, research, |                 | (Cols. C + D +<br>s<br>gs   | .S                        |  |  |
| KANGAROO RAT   | 0   | 93   | 0   |  | 0               |   | 93                        |  |  |
| FIELD MOUSE  | 0   | 27   | 0   |  |                 | 0   | 27                        |  |  |
| SOUTHERN CALIFORN A MOUSE 0  |   | 18   | 0   |  |                 | 0   | 18                        |  |  |
| SPECTACLED KANGAROO RAT 0  |   | 43   | 0   |  |                 | 0   | 43                        |  |  |
| WILD BOBCAT  | 0   | 0  | 1   |  |                 | 0   | 1                         |  |  |
|  |   |  |   |  |                 |   |                           |  |  |
|  |   |  |   |  |                 |   |                           |  |  |
|  |   |  |   |  |                 |   |                           |  |  |
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|  |   |  |   |  |                 |   |                           |  |  |
|  |   |  |   |  |                 |   |                           |  |  |
| ASSURANCE STATEMENT  | S   |  |   |  |                 |   |                           |  |  |

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|---|-------------|--|--|--|--|--|
|   | DATE SIGNED |  |  |  |  |  |

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