it displays a valid OMB contro collection is estimated to aver	ol number. The valid OMB con	ntrol number for this informati cluding the time for reviewing	on collection is 0579-0036. The ti	to respond to, a collection of information unless ime required to complete this information ata sources, gathering and maintaining the data	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. No. 0180-DOA-AN					Fiscal Year 2013		
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 41-R-0063			
			2. HEADQUART	2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as			
ANNUAL REPORT OF RESEARCH FACILITY			a na com a secondar de la companya d	registered with USDA, include ZIP Code) PROTATEK INTERNATIONAL INC			
(TYPE OR PRINT)				2635 UNIVERSITY AVE WEST, SUITE 140			
			SAINT PAU	SAINT PAUL, MN 55114			
3. REPORTING FACILITY (Increased)	List all locations where animal	s were housed or used in act	ual research, testing, teaching, or	experimentation, or held for these purposes. A	ttach additional sheets, if		
FACILITY LOCATIONS (Sites)							
(b)(7)(F)							
Constraint Constraint Constraints							
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use 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,	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals	E. Number of animals upon which teaching experiments, research, surgery, or tests conducted involving accompanying pain distress to the animals and for which the appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or	vere or use of TOTAL NUMBER of ANIMALS		
	research, or surgery but not yet used for such purposes.	no pain, distress, or use of pain-relieving drugs.	and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	interpretation of the teaching, research, experiments, surgery, or tests. (An expl of the procedures producing pain or dist these animals and the reasons such dru were not used must be attached to this i	ress on gs		
4. Dogs	0	0	0	0	0		
5. Cats	0	0	0	0	0		
6. Guinea Pigs	0	0	30	0	30		
7. Hamsters	0	Ō	0	0	0		
8. Rabbits	0	0	6	0	6		
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			Ĵ				
a 2000 au							

## 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.

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.)

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

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

(b)(7)(c)

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

03-FEB-2014

JUL 2013

Obtained by Rise for Animals. Uploaded 08/23/2020