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 number of a varage 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data expected on the completing and reviewing the collection of information.									
This report is required by law		port according to the regulati	ons can result in an order to cease	e and desist Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2014				
	ATES DEPARTMENT D PLANT HEALTH IN			1. REGISTRATION NUMBER 58-R-0154					
				ERS RESEARCH FACILITY (Name, address, and USDA, include ZIP Code)	telephone number as				
ANNUAL RE	PORT OF RES			VACCINE AND GENE THERAPY INSTITUTE FLORIDA 9801 S W DISCOVERY WAY					
			PORT SAIN	PORT SAINT LUCIE, FL 34987					
3. REPORTING FACILITY (Increased)	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.)								
		F	ACILITY LOCATIONS (Sites)						
			(Attach additional sheets, if neces	sary, 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, 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.	E. Number of animals upon which teaching, experiments, research, surgery, or tests wei- conducted involving accompanying pain or distress to the animals and for which the us- appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explana of the procedures producing pain or distress these animals and the reasons such drugs were not used must be attached to this repor- tions and the reasons and the reasons and the reasons	e of TOTAL NUMBER OF ANIMALS (Cols. C + D + E) s on				
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	98	430	0	528				
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.

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).					

DATE SIGNED 11-DEC-2014

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	B control number. The valid C rage 2 hours per response, in	OMB control number for this in cluding the time for reviewing	formation coll	ection is 0579-0036.	. The time requir	collection of information red to complete this information hering and maintaining the data	OMB APPROVED 0579-0036	
This report is required by law and to be subject to penalties			ons can result	in an order to ceas	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2014	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 58-R-0154				
CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				 PEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) VACCINE AND GENE THERAPY INSTITUTE FLORIDA 9801 S W DISCOVERY WAY PORT SAINT LUCIE, FL 34987 				
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 accom or distr animals which a anesth	r of animals upon experiments, g, research, r, or tests were ted involving boanying pain eses to the s and for appropriate etic, analgesic, or lizing drugs were	experime were cor pain or d which the analgesii adversel or interpr experime of the pro on these	of animals upon which teaching, ents, research, surgery, or tests ducted involving accompanying istress to the animals and for e use of appropriate anesthetic, c, or tranquilizing drugs would hav y affected the procedures, results, teation of the teaching, research, ents, surgery, or tests. (An explana ocedures producing pain or distres animals and the reasons such dru used must be attached to this rep	tion s igs	S
FERRETS	0	98		430		0	528	
								-
ASSURANCE STATEMENTS	S		1		1		1	

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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