| 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 of 0579-0036 under the complete this information and completing and reviewing the collection of information. |   |  |  |  |   |  |  |  |  |
|---|---|--|--|--|---|--|--|--|--|
| This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in<br>and to be subject to penalties as provided for in Section 2150.   |   |  |  | e and desist Interagency Report Control<br>No. 0180-DOA-AN   | Fiscal Year 2017  |  |  |  |  |
| UNITED STATES DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE   |   |  |  | 1. REGISTRATION NUMBER<br>72-R-0002  |   |  |  |  |  |
|   |   |  |  | ERS RESEARCH FACILITY (Name, address, and<br>USDA, include ZIP Code)   | telephone number as                                     |  |  |  |  |
| ANNUAL RE   | PORT OF RES   | EARCH FACI   |  | TULANE UNIVERSITY  |   |  |  |  |  |
| (TYPE OR PRINT)   |   |  | 1440 Canal   | 1440 Canal St., Suite 2400 #8401   |   |  |  |  |  |
|   |   |  | NEW ORLE   | NEW ORLEANS, LA 70112  |   |  |  |  |  |
| 3. REPORTING FACILITY (L<br>necessary.)   | 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.) |  |  |  |   |  |  |  |  |
|   |   | E.   | ACILITY LOCATIONS (Sites)  |  |   |  |  |  |  |
|   |   |  |  |  |   |  |  |  |  |
|   |   |  |  |  |   |  |  |  |  |
| REPORT OF ANIMALS USE   | D BY OR UNDER CONTROL   | OF RESEARCH FACILITY   | (Attach additional sheets, if neces  | sary, or use APHIS 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. | E. Number of animals upon which teaching,<br>experiments, research, surgery, or tests we<br>conducted involving accompanying pain or<br>distress to the animals and for which the us<br>appropriate anesthetic, analgesic, or<br>tranquilizing drugs would have adversely<br>affected the procedures, results, or<br>interpretation of the teaching, research,<br>experiments, surgery, or tests. (An explana<br>of the procedures producing pain or distress,<br>these animals and the reasons such drugs<br>were not used must be attached to this reputation. | e of<br>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   | 2  | 0  | 0  | 2   |  |  |  |  |
| 7. Hamsters   | 0   | 0  | 0  | 0  | 0   |  |  |  |  |
| 8. Rabbits  | 0   | 159  | 0  | 0  | 159   |  |  |  |  |
| 9. Non-human Primates   | 4417  | 0  | 787  | 24   | 811   |  |  |  |  |
| 10. Sheep   | 0   | 0  | 0  | 0  | 0   |  |  |  |  |
| 11. Pigs  | 0   | 0  | 49   | 0  | 49  |  |  |  |  |
| 12. Other Farm Animals  |   |  |  |  |   |  |  |  |  |
|   |   |  |  |  |   |  |  |  |  |
| 13. Other Animals   | 0   | 0  | 32   | 0  | 32  |  |  |  |  |
|   |   |  |  |  |   |  |  |  |  |
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| ASSURANCE STATEMENTS  |   |  | <b>.</b>   |  | 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 30-JAN-2018

| unless it displays a valid OM                                    | IB control number. The valid C<br>rage 2 hours per response, in   | OMB control number for this in<br>cluding the time for reviewing  | sor, and a person is not required i<br>formation collection is 0579-0036<br>instructions, searching existing d   | . The time requir  | ed to complete this information  | OMB APPROVED<br>0579-0036    |
|--|---|---|--|--|--|------------------------------|
| This report is required by law<br>and to be subject to penalties |   |   | ons can result in an order to ceas   | e and desist   | Interagency Report Control<br>No. 0180-DOA-AN  | Fiscal Year 2017             |
|  | ATES DEPARTMENT<br>D PLANT HEALTH IN  |   | 1. REGISTRATI<br>72-R-0002   |  |  |                              |
| CONTINU<br>REPOR   | L with USDA, inc<br>TULANE U<br>1440 Cana   | <ul> <li>2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)</li> <li>TULANE UNIVERSITY</li> <li>1440 Canal St., Suite 2400 #8401</li> <li>NEW ORLEANS, LA 70112</li> </ul> |  |  |  |                              |
|  |   |   | (Attach additional sheets if neces   | -  | ,  |                              |
| 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.  | D. Number of animals upon<br>which experiments,<br>teaching, research,<br>surgery, or tests were<br>conducted involving<br>accompanying pain<br>or distress to the<br>animals and for<br>which appropriate<br>anesthetic, analgesic, or<br>tranquilizing drugs were<br>used. | experime<br>were com<br>pain or d<br>which the<br>analgesic<br>adversely<br>or interpr<br>experime<br>of the pro<br>on these | of animals upon which teaching,<br>ints, research, surgery, or tests<br>ducted involving accompanying<br>istress to the animals and for<br>e use of appropriate anesthetic,<br>c, or tranquilizing drugs would have<br>y affected the procedures, results,<br>teation of the teaching, research,<br>ents, surgery, or tests. (An explana<br>ocedures producing pain or distress<br>animals and the reasons such dru<br>used must be attached to this reput | (Cols. C + D + E)<br>s<br>gs |
| WILD RATTUS  | 0   | 0   | 6  |  | 0  | 6                            |
| WILD MASTOMYS  | 0   | 0   | 15   |  | 0  | 15                           |
| WILD MUS   | 0   | 0   | 9  |  | 0  | 9                            |
| WILD CROCIDURA   | 0   | 0   | 1  |  | 0  | 1                            |
| WILD PRAOMYS   | 0   | 0   | 1  |  | 0  | 1                            |
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|  |   |   |  |  |  |                              |
| ASSURANCE STATEMENTS   | S   |   |  |  |  |                              |

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| 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 |
|   |             |
|   | 30-JAN-2018 |
|   |             |