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OMB APPROVED
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: 2009

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

REGISTRATION NUMBER: 14-R-0138

Customer Number: 1664

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code)

Beth Israel Deaconess Medical Center
Slosberg-Landay Animal Facility
330 Brookline Avenue
Boston, MA 02215

Telephone: (617) 667 4402

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) See Attached Listing

(b)(2)High, (b)(7)f

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, 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 were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs		0	51	0	51
5. Cats		0	0	0	0
6. Guinea Pigs		0	62	0	62
7. Hamsters		0	0	76	76
8. Rabbits		0	14	0	14
9. Non-human Primates		0	0	0	0
10. Sheep		0	29	0	29
11. Pigs		0	256	0	256
12. Other Farm Animals					
13. Other Animals					

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.
- 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 (L.O.))
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR L.O.

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

DATE SIGNED

(b)(6), (b)(7)c

11/19/09

APHIS FORM 7023
AUG 2009

(b)(6), (b)(7)c

NP 12-7-09 02 2009

Optional Column E Explanation Form

This form is intended as an aid to completing the Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

1. **Registration Number:** 14-R-0138
2. **Number** 76 **of animals used in this study.**
3. **Species (common name)** hamsters **of animals used in this study.**
4. **Explain the procedure producing pain and/or distress.**
Clostridium difficile administration following clindamycin injection (a nosocomial infection mimicking model) is used to induce an inflammatory reaction in the cecum. It is thus expected that animals will experience a certain level of discomfort
5. **Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results.** (For Federally mandated testing, see question 6 below)
 1. The PI does not plan to provide animals with antispasmodic drugs because this may inhibit the clearance of the organism from the intestine and may worsen the colitis (George et al., Gastroenterology 79:366, 1980; Pothoulakis and LaMont, Gastroenterology Clinics of North America, 22:623-627, 1993). In addition, they do not plan to use other form of pain relief since it may affect the responses that are measured(e.g. degree of inflammation and diarrhea). However, animals will be monitored three times/daily and may any sign of severe distress (extended periods (6 days) of weight loss progressing to an emaciated state, anorexia for 24-48 hours, prolonged lethargy (> 3 days), signs of paralysis, skin erosions or trauma, hunched posture, distended abdomen) be observed, the animals will be immediately euthanized.
6. **What, if any, federal regulations require this procedure? Cite the agency, the Code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):**

Agency _____ CFR _____