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 collection of information unless indexed, 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 and to be subject to penalties as provided for in Section 2150.	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2012			
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. REGISTRATION NUMBER 21-R-0107				
		 HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) 			
ANNUAL REPORT OF RESEARCH FACILITY	NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH				
(TYPE OR PRINT)	350 COMMUNITY DRIVE MANHASSET, NY 11030				
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					

FACILITY LOCATIONS (Sites)

(b)(7)(F)

			(A.H I I. I'I' I I		
A. 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.	 (Attach additional sheets, if neces) 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. 	 sary, or use APHIS FORM 7023A.) 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 NUMBE OF ANIMALS (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	20	0	20
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					
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).

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

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

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

DATE SIGNED

APHIS FORM 7023 JUL 2013