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 is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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	DEP	ARTM	ENT	OF.	AGRIC	ULTURE	:
ANIMAL	AND PLA	NT H	EALTH	INS	SPE	CTION	SERVIC	E

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

REGISTRATION NUMBER: 21-V-0004

Customer Number: 660

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

Va Medical Center (630/A4) 800 Poly Place (151) Brooklyn, NY 11209

Telephone: (718) 630 3645

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) See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A.) Number of animals upon Number of animals upon which teaching, experiments, research, surgery, or tests which experiments, Number of animals conducted involving accompanying pain or distress to the animals and for which the use of teaching, research, Number of animals upon which being bred, conditioned, or held surgery, or tests were teaching, research, TOTAL NUMBER conducted involving appropriate anesthetic, analgesic, or Animals Covered By experiments, or **OF ANIMALS** tranquilizing drugs would have adversely for use in teaching, testing, experiments, The Animal accompanying pain or tests were conducted involving distress to the animals and for which affected the procedures, results, or Welfare Regulations (Cols. C + D + E) interpretation of the teaching, research research, or surgery no pain, distress, or use of pain-relieving experiments, surgery, or tests. (An explanation but not yet used for appropriate anesthetic, of the procedures producing pain or distress on these animals and the reasons such drugs analgesic, or such purposes. drugs. tranquilizing drugs were were not used must be attached to this report.) used. D 0 0 0 4. Dogs 0 0 5. Cats 0 0 0 6. Guinea Pigs D 7. Hamsters 0 0 8. Rabbits 0 0 9. Non-human Primates 0 0 0 0 10. Sheep 0 0 0 0 0 11. Plas 0 0 12. Other Farm Animals 0 13. Other Animals 38 324 0 0 0 0 0 0 ASSURANCE STATEMENTS

- 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.
- Each principal investigator has considered alternatives to painful procedures. 2.)
- 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 3.) 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

the second secon	priate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and					
(b)(6), (b)(7)c	CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL hief Executive Officer (C.E.C.) or Legally Responsible Institutional Official (I.C.J) Loertify that the above is true, correct, and complete (7 U.S.C. Section 2143).					
	(b)(6), (b))(7)c DATE SIGNED	9			

Column E Explanation

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: 21 - V - 0004
2.	Number of animals used in this study.
3.	Species (common name)of animals used in the study.
4.	Explain the procedure producing pain and/or distress.
	NA
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 Item 6 below)
	NJA
	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 N/A CFR

APHIS Form 7023 Site Addendum for FY: 2009

Registration Number: 21-V-0004 Customer ID Number: 660

Facility Business Address Information:

Va Medical Center (630/A4) 800 Poly Place (151) Brooklyn, NY 11209

Telephone: (718) 630 3645

Facilities Site(s) Address Information:

Site Code(s):

001 800 Poly Place Brooklyn, NY 11209 Assigned Inspector: John Lopinto, D V M