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 e, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data collection is estimated to everage 2 hours per respons needed, 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 an order to cease and desist and to be subject to penalties as provided for in Section 2150.

OMB APPROVED 0579-0036

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

REGISTRATION NUMBER: 23-R-0011

Customer Number: 285

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

Thomas Jefferson University 1020 Locust St Philadelphia, PA 19107

Telephone: (215) 503 5885

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 experiments, research, surgery, or tests were which experiments, Number of animals conducted involving accompanying pain or Number of animals teaching, research, upon which surgery, or tests were conducted involving distress to the animals and for which the use of being bred, teaching, research, TOTAL NUMBER appropriate anesthetic, analgesic, or conditioned, or held Animals Covered By experiments, or OF ANIMALS tranquilizing drugs would have adversely accompanying pain or distress to the animals The Animal for use in teaching, tests were affected the procedures, results, or Welfare Regulations testing, experiments, conducted involving (Cols. C + D + E) interpretation of the teaching, research and for which no pain, distress, or appropriate anesthetic, experiments, surgery, or tests. (An explanation but not yet used for use of pain-relieving of the procedures producing pain or distress on analgesic, or tranquilizing drugs were drugs. these animals and the reasons such drugs were not used must be attached to this report. 13 4 Dogs 9 4 5. Cats 6. Guinea Pigs 7. Hamsters 31 10 21 8. Rabbits 27 8 19 9. Non-human Primates 10. Sheep 12. Other Farm Animals 13. Other Animals 16 Mini-pigs 16 ASSURANCE STATEMENTS

- 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 3.) and approved by the Institutional Animal Care and Use Committee (IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 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 4.) USA

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer (C.E.O.) or Legally Responsible institutional Official (I.O.)) Leatify that the above is inue, correct, and complete (7 U.S.C. Section 2143).	
NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)	DATE SIGNED
(b)(6), (b)(7)c	11/23/09
	(Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (t.O.J)  I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).  I NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

APHIS FORM 7023 AUG 2009

ÉC, 2-3-09 NOV 24 2009

## 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:	23-R-0011			
2.	Number	8	of animals used in th	is study.	
3.	Species (common name	e) Non-Human P	rimate animals used in the	study.	
4.	Explain the procedure p	roducing pain and/	or distress.		
		)(4) eloped clinic	All animals 1 al signs consistent	isted	
		161			
5.			d/or distress could not be relievould interfere with test result		
	therapeutic inter exhibit the neuro disease. The ani clinical care gui	ventions, it logical signs mals are monidelines have cedures, prop	disease process and is necessary to have seen in humans wit itored by the veteri been developed. If per anesthetics and oved protocols.	the animal the same nary staff and these animals	
6.			is procedure? Cite the agence n number (e.g., APHIS, 9 CF		Regulations
	Agency		CFR		