This report is required by law (7 USC 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.

See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. **REGISTRATION NO.** 32-R-0019 **CUSTOMER NO.** 778

FORM APPROVED
OMB NO. 0579-0036

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

INDIANA STATE UNIVERSITY
CHIEF RESEARCH OFFICER
OFFICE OF THE PROVOST, AND VP FOR ACADEMIC AFFAIRS
TERRE HAUTE, IN 47809

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)*

INDIANA STATE UNIVERSITY
TERRE HAUTE, IN

JAN 12 2009

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 in these animals and the reasons such drugs were not used must be attached to this report)*	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits		10			10
9. Non-Human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
Evening bat		6			6
Meadow jumping mouse		1			1
Short-tailed shrew		1			1

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 the 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 provision 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 or Legally Responsible Institutional official)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL *(Type or Print)*	DATE SIGNED
b6, b7c	b6, b7c	11/24/2008

(Oct 88), wh

HEADQUARTERS

(AUG 91)

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See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 32-R-0019 **CUSTOMER NO.** 778

FORM APPROVED
OMB NO. 0579-0036

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

INDIANA STATE UNIVERSITY
CHIEF RESEARCH OFFICER
OFFICE OF THE PROVOST, AND VP FOR ACADEMIC AFFAIRS
TERRE HAUTE, IN 47809

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY *(Attach additional sheets if necessary or use this form.)*

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 in these animals and the reasons such drugs were not used must be attached to this report)*	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
Meadow vole		1			1
Big brown bat		145	121		266
Northern long eared bat		126			126
Eastern chipmunk		1			1
White-footed mouse		7			7
House mouse		1			1
Eastern pipistrelle bat		29			29
Eastern red bat		23			23
Silver haired bat		2			2
Little brown bat		2			2
Indiana bat		54			54

RECEIVED
JAN 12 2009

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

b6, b7c	ICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL *(Type or Print)* b6, b7c	DATE SIGNED 11/24/2008

18-23 (Oct 88), which is obsolete

PART 1 - HEADQUARTERS