- This report is required by law (7 result in an order to cease and o	USC 2143) Failure to lesist and to be subject	report according to the to penalties as provided the top of top of the top of top	e regulation ed for in Se	s can ction 2150.	See reverse side for additional information	Interagency Repo 0180-DOA-AN	et Control No		
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE						FORM APP			
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				2. HEADOUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)					
				New York University - Washington Sq.					
				Office of Laboratory Animal Service					
				15 Washington Place, 1-K					
346				New York, NY 10003-6641					
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 it necessary.)									
FACILITY LOCATIONS (Siles)									
Roof Top Facility, Main Building Meyer Building, 11th Floor						loor			
Dental Center, 11th Floor									
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach administrational sheets if necessary or use APHIS FORM 7023A)									
A	B. Number of animals being	C Number of animals upon		r of animals upon experiments,	E. Number of animals upon which experiments, research, surgery	or lests were	F.		
Animals Covered By The Animal	bred, conditioned, or	which leaching, research,	teachin	g, research, , or lests were	conducted involving accompan- to the animals and for which th	e use of appropriate	TOTAL NO		
Welfare Regulations	held for use in teaching, testing,	experiments, or tests were	conduc	ted involving pain or	anesthetic, analgesic, or tranque have adversely affected the pro interpretation of the teaching, r	cedures, results, or	OF ANIMALS		
	experiments, research, or surgery but not	conducted involving no pain, distress, or	and for	s to the animals which appropriate	avaginante surgery of leste	(An explanation of	(Cols. C + D + E)		
. •	yet used for such purposes.	use of pain- relieving drugs.		atic, analgesic, or lizing drugs were	animals and the reasons such (must be attached to this report)	drugs were not used			
4. Dogs						· · · · · · · · · · · · · · · · · · ·			
5. Cats		·····		1		<u></u>	1		
6. Guinea Pigs	;								
7. Hamsters				·····	· · · · · · · · · · · · · · · · · · ·				
8. Rabbits				11	·		11		
9. Non-human Primates	12	21		52		· · · ·	73		
10. Sheep							·		
11. Piqs	1								
12. Other Farm Animals									
13. Other Animals					1 1 1 1				
Ferrets	1			15			15		
	36	· · · · ·		32			332		
Gerbils			<u>_</u>	<u> </u>	**************************************				
ASSURANCE STATEMENTS	I								

1) Protessionally acceptable standards governing the care, treatment, and use of animals, including approvate 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. ۰.

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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) Legally that the above is true, correct, and complete (7 USC Section 2143)								
SIGNATURE OF C.E.O. OR	INSTITUTIONAL OFFICIAL	NAME & TITLE OF C F O	OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(6) (b)(7)(C)	11/2 DATE SIGNED				
APHIS FORM 7023	(Replaces VS FORM 18-23 (OC	T 88), which is obsolete)	Ok	tained by Rise for Anima				

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ıls. Uploaded to Animal Research Laboratory Overview (ARLO) on 09/22/2020

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PART 1 - HEADOLIARTERS