

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
31-R-0006
31-R-0006

FORM APPROVED
OMB NO 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

208

Oct. 1, 1998 - Sept. 30, 1999

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

Animal Care Program 0263 WO

The University Of Toledo

Toledo, OH-43606

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)

See Attached

1. Wolfe Hall Building #0263

3. University Hall Room #1120J (Rats Only)

2. University Hall #5500

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	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	19	11	0	30
8. Rabbits	2	10	8	0	18
9. Non-human Primates	0	8	0	0	8
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					
Jamaican Fruit Bats	20	4	6	0	10
Short tail Fruit Bats	25	4	1	0	5

CONTINUED

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 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 HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 USC Section 2143)

SIGNATURE OF INSTITUTIONAL OFFICIAL (b)(6) (b)(7)(C)	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED 11-08-99
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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.
0180-00A-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

31-R-0006

FORM APPROVED
OMB NO. 0579-0036

CONTINUATION SHEET FOR ANNUAL REPORT
OF RESEARCH FACILITY
(TYPE OR PRINT)

Oct. 1, 1998 - Sept. 30, 1999

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

Animal Care Program 0263 WO

The University Of Toledo

Toledo, OH 43606

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)
12. &/OR 13. Other (List by species)					
Greater Spear-Nose bats	29	0	1	0	1
Egyptian Fruit bats	0	0	5	0	5
Hedgehog	0	2	1	0	3
Naked Mole Rats	4	0	5	0	5
Non Covered Species					
Laboratory Strain Rats	10	62	24	0	86
Laboratory Strain Mice	35	212	22	0	234
Zebra Fish	137	96	0	0	96

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(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 HEADQUARTERS RESEARCH FACILITY OFFICIAL (b)(6) (b)(7)(C)	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(6) (b)(7)(C)	DATE SIGNED 11-08-99
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