See reverse side for additional information Interagency Report Control No

THE TO SEE UNITED STATES DEPARTMENT OF AGRICULTURE SERVICES TO HORSE AND PLANT HEALTHANSPECTION SERVICE - To GOOD HEALTHANSPECTION SERVICE - To GOOD HEALTHANSPECTION SERVICE id badget, Wishington, u.C.

1. REGISTRATION NO PREPARED DE DE DE DE DE DE LE nation, inclinately suggestions to multion and Regular by Attains (000 - R-64

FORM APPROVED Ini to a OMB NO. 0579-0036 --

ETICN OF APHIS FORM 7023

ANNUAL REPORT OF HESEARCH FACILITY OF THE

h Facility by United States Department of Agriculture (USDA).

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA Midwest Research Institute

425 Volker BIVd

425 Volker BIVd

Kansas City, MO

3. REPORTING FACILITY (List all/locations where animals were housed or used in actual research clesting it estimates experimentation; or held for these purposes \$4 (tach additional sheets if necessary.)

FACILITY LOCATIONS (Siles)

TER: 4 - 13 - DO NOT enter numbers in Column A. DO NOT act mandars sincered 900db Bab (9mbb) Column F. Contrary الم الله المالية المالية

(2) tours

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	Animals Covered By The Animal Welfare Regulations, the Animal Welfare Regulations and	B. Number of animals being 11 V bred SOV 11001 Conditioned, or held for use in teaching, testing, experiments, surfresearch, or surgery but not yet used for such purposes.	C Number of animals upon 23 animals upon 23 animals upon 23 animals upon 23 animals upon 24 animals upon 25 an	D. Number of animals upon which experiments, teaching research, which surgery, or tests were conducted involving conducted involving 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 experiments; research, surgery or tests were 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 altached to this report).	TOTAL NO. OF ANIMALS (Cols. C + D + E)
1 .	Dogs		72			72
5.	Cats					
6.	Guinea Pigs		77		12*	89
7.	Hamsters *Dur	ing a pha:	macokinet	ic study (si	ngle i.v. dose with bloo	1
8.	COTT	ection for	arug lev	rel analysis)	in which toxicity was no ly exhibited transient s	h+
9.	Non-human Primates	lethargy,	hyperacti	vity, tempor	rv collapse, vocalization	n head
10.	movei	nents, and	discolor	ation and/or	swelling at the injection to the swelling at the injection to the swelling at the injection at the	n site
11.	Pigs the 1	onarmaceut	lical inte	nded for huma	in use. Toxicity was no	avnact
12.		and admini	stration	of pain-reli	eving drugs would have in under study. No animal:	tarfor
	beca	ne moribui	d and all	guinea pigs	were euthanized 3.5 hour	s after
13.	dosi: Other Animals	ng.				
	mice			·		5285
	rats					506

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approriate 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 HEADQUARTES 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).

DATE SIGNED

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

SIGNATURE OF CEO OR INSTITUTIONAL OFFICIAL

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)