

FEB 03 2017

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.		OMB No. 0579-0036 FORM APPROVED	
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT) REGISTRATION UPDATE		USDA USE ONLY Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100	
		CERTIFICATE NO./CUST NO: 34-R-0025 473	RENEWAL DATE 9-Mar-2017 9 MAR 2020 ga
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Northern Biomedical Research Inc 1210 Pontaluna Rd Spring Lake, MI 49456 9634 COUNTY: OTTAWA TELEPHONE (231) 759 - 2333		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) 1210 Pontaluna Rd Spring Lake, MI 49456 County: Ottawa	
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. TYPE OF REGISTRATION: <input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T - Carrier	
7. FEDERAL FUND TYPES: NA <input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)			
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)	
(b) (6), (b) (7)(C)	Institutional official	1210 Pontaluna Road Spring Lake, MI 49456	

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

(b) (6), (b) (7)(C)

12. DATE SIGNED

2-1-17



Inspection Report

Northern Biomedical Research Inc
1210 Pontaluna Rd
Spring Lake, MI 49456

Customer ID: 473

Certificate: 34-R-0025

Site: 001

NORTHERN BIOMEDICAL RESEARCH INC

Type: ROUTINE INSPECTION

Date: 13-APR-2017

No non-compliant items identified during this inspection.
This inspection and exit interview were conducted with the CEO.

Prepared By:

HAMMEL KURT, D V M USDA, APHIS, Animal Care

Date:
13-APR-2017

Title: SUPERVISORY ANIMAL CARE SPECIALIST 1023

Received By:

Obtained by Rise for Animals. Uploaded 07/04/2020

Title:
19-04258_

(b) (6), (b) (7)(C)

Date:
13-APR-2017



Cust No	Cert No	Site	Site Name	Inspection
473	34-R-0025	001	NORTHERN BIOMEDICAL RESEARCH INC	13-APR-17

Count	Species
000074	DOG ADULT
000098	CRAB-EATING MACAQUE / LONG-TAILED MACAQUE / CYNOMOLGUS MONKEY
000172	Total



Inspection Report

Northern Biomedical Research Inc
1210 Pontaluna Rd
Spring Lake, MI 49456

Customer ID: 473

Certificate: 34-R-0025

Site: 001

NORTHERN BIOMEDICAL RESEARCH INC

Type: ROUTINE INSPECTION

Date: 08-NOV-2017

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Research Supervisor and the Study Director/Animal Welfare Specialist.

Additional Inspectors

Crowley Lacy, Veterinary Medical Officer

Prepared By:

HAMMEL KURT, D V M USDA, APHIS, Animal Care

Date:
08-NOV-2017

Title: VETERINARY MEDICAL OFFICER 1023

Received By:

Obtained by Rise for Animals. Uploaded 07/04/2020

Title:
19-04258_000004

(b) (6), (b) (7)(C)

Date:
08-NOV-2017



Cust No	Cert No	Site	Site Name	Inspection
473	34-R-0025	001	NORTHERN BIOMEDICAL RESEARCH INC	08-NOV-17

Count	Species
000067	CRAB-EATING MACAQUE / CYNOMOLGUS MONKEY
000091	DOG ADULT
000158	Total



Inspection Report

Northern Biomedical Research Inc
1210 Pontaluna Rd
Spring Lake, MI 49456

Customer ID: **473**

Certificate: **34-R-0025**

Site: 001

NORTHERN BIOMEDICAL RESEARCH INC

Type: FOCUSED INSPECTION

Date: 20-FEB-2019

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with NBR employees.

Prepared By:

HAMMEL KURT, D V M USDA, APHIS, Animal Care

Date:

20-FEB-2019

Title: VETERINARY MEDICAL OFFICER 1023

Received By:

Obtained by Rise for Animals. Uploaded 07/04/2020

Title:
19-04258_0

(b) (6), (b) (7)(C)

Date:

20-FEB-2019



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
473	34-R-0025	001	NORTHERN BIOMEDICAL RESEARCH INC	20-FEB-19

Count	Scientific Name	Common Name
000020	<i>Canis lupus familiaris</i>	DOG ADULT
000213	<i>Macaca fascicularis</i>	CRAB-EATING MACAQUE / CYNOMOLGUS MONKEY
000002	<i>Macaca mulatta</i>	RHESUS MACAQUE
000235	Total	

Research Facility Protocol Selection Worksheet ^{*}

Legal Name: Northern Biomedical Research Inc.

Customer Number: 473

Certificate Number: 34-R-0025

Site Number: 001

Inspection Date: 20Feb2019

Inspection Type: Routine ☐ Focused ☒ (list areas inspected) _____ All covered species, mm, & reports to IO.

Inspector: Hammel

Reasons Protocols Were Selected for Review :	How Many Protocols Were Selected
1. Protocols identified during inspection of concern (select all)	0
2. Column E protocols (select all)	0
3. Protocols with IACUC-approved exemptions/exceptions (select all)	0
4. Protocols cited as noncompliant and not corrected during the last inspection (select all)	0
5. Additional Protocols Selected: a. If <5 remaining protocols, select all remaining: b. If >5 remaining protocols, select 5 additional protocols: 1) Protocol for each regulated species and/or, 2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):	0
Total Protocols Selected and Reviewed	0

*Note: Protocol selection guidance applies to protocols which have been initially approved, or have had significant changes approved, since the last inspection. For protocols reviewed by an Animal Care Veterinary Medical Officer within the last year, professional judgment should be used in determining whether another review is necessary.

Version 2/11/19