

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 <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)          <b>REGISTRATION UPDATE</b>		<b>USDA USE ONLY</b> Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <b>CERTIFICATE NO./CUST NO:</b>            33-R-0022             581         </td> <td style="width: 40%; padding: 5px;"> <b>RENEWAL DATE</b>   <b>24-AUG-2023 ALB</b> </td> </tr> </table>		<b>CERTIFICATE NO./CUST NO:</b> 33-R-0022  581	<b>RENEWAL DATE</b>  <b>24-AUG-2023 ALB</b>
<b>CERTIFICATE NO./CUST NO:</b> 33-R-0022  581	<b>RENEWAL DATE</b>  <b>24-AUG-2023 ALB</b>				
<b>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</b>  Rush University Medical Center 1735 W Harrison St Mail Code 148-149 Cohn Research Building Suite 206 Chicago, IL 60612  COUNTY: Cook TELEPHONE (312) 942-6576		<b>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES</b> <i>(Use additional sheets if necessary)</i>  1735 W Harrison St Cohn Research Building Ste 206 Chicago, IL 60612 County: Cook			
<b>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</b>  33-R-0022		<b>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</b>  N/A			
<b>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>6. TYPE OF REGISTRATION:</b> <input checked="" type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier			
<b>7. FEDERAL FUND TYPES:</b> <input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Loan		<b>8. TYPE OF ORGANIZATION:</b> <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) Not-for-profit, private, academic medical center			
<b>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)</b>					
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)			
Omar Lateef, DO	CEO	1735 W. Harrison St., Ste 206, Chicago, IL 60612			
Sherine Gabriel, MD	University President	1735 W. Harrison St., Ste 206, Chicago, IL 60612			
(b) (6), (b) (7)(C)		1735 W. Harrison St., Ste 206, Chicago, IL 60612			

## CERTIFICATION

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>10. SIGNATURE</b> (b) (6), (b) (7)(C)	<b>11. NAME AND TITLE (Type or Print)</b> (b) (6), (b) (7)(C)	<b>12. DATE SIGNED</b> 8/10/2020
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