UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT )

1. CERTIFICATE NUMEER: 33-R-0106

CUSTOMER NUMBER: 567
FORM APPROVED OMB NO. 0579-0036

H2
University Of Illinois
College Of Medicine At Peoria
P. O. Box 1649

Peoria, IL 61656
Telephone: (309) -671-8402

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessarv or use APHIS Form 7023A )

| A. <br> Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research. experiments, or tests were conducted involving no pain, distress, or use $\sigma$ pain-relieving drugs. | D. Number of animals upon which experiments. leaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an 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 wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report | F. <br> TOTAL NUMBER OF ANIMALS <br> (COLUMNS $C+D+E)$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 4. Dogs |  |  |  |  |  |
| 5. Cats |  |  |  |  |  |
| 6. Guinea Pigs |  |  |  |  |  |
| 7. Harnsters |  |  |  |  |  |
| 8. Rabbits |  |  |  |  |  |
| 9. Non-human Primates |  |  |  |  |  |
| 10. Sheep |  |  |  |  |  |
| 11. Pigs | $F$ |  | $11$ |  | I |
| 12. Other Farm Animals |  |  |  |  |  |
| 13. Other Animals |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ASSURANCE STATEMENTS |  |  |  |  |  |
| 1) Professionally acceptable standards governing the care, treatrent, and use of animals, induding appropriate use of anestetic, analgesic, and tranquilizing orugs, prior to. during, and following actual rest teaching, testing, surgery, or experimentation were followed by this research facility. |  |  |  |  |  |
| 2) Each principal investigator has considered aiternatives 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 ap 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 surnnary ins 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) |  |  |  |  |  |
| $(\mathrm{B})(6)(\mathrm{B})(7)(\mathrm{C})$ |  |  |  |  | $\begin{array}{\|c\|} \hline \text { DATE SIGNED } \\ 11 / 26 / 08 \\ \hline \end{array}$ |

