According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.							OMB APPROVED 0579-0036 Exp.: 10/31/2018	
This report is required by law (7 U.S.C. 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. No. 0180-DOA-AN						Fiscal Year 2012		
••••	FED STATES DEPARTMENT IAL AND PLANT HEALTH IN			1. REGISTRATION N 33-R-0144	NUMBER			
				2. HEADQUARTERS registered with USI	l telephone number as			
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)			SOUTHERN ILLINOIS COLLEGIATE COMMON MARKET 3213 SOUTH PARK AVENUE					
				HERRIN, IL 62	948			
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)								
		(b)(7)(F)						
I REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use APHIS FORM 7023A.)								
Α.	В.	С.		of animals upon E.	,	f animals upon which teaching,	F.	

Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	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.	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 on these animals and the reasons such drugs were not used must be attached to this report.)	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs 0 83 23		23	0	106
0	28	10	0	38
6. Guinea Pigs 0		0	0	1
0	1	0	0	1
0	1	0	0	1
0	0	0	0	0
0	2	0	0	2
0	4	0	0	4
0	19	0	0	19
	being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.0830280101010102802804	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.teaching, research, surgery, or tests were conducted involving and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.0832302810010010010020040	Number of animals being bred, conditioned, or held for use in teaching, research, experiments, or teasting, experiments, research, or surgery but not yet used for such purposes.Heaching, research, experiments, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.conditional or which distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.08323008323001000100010001000100010002000200

ASSURANCE STATEMENTS

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 1.) actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2.) Each principal investigator has considered alternatives to painful procedures.

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 3.) 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 provisions 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 (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

(b)(6), (b)(7)(c)

SIGNATURE OF C.E.O. OR I.O.

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

DATE SIGNED

APHIS FORM 7023 JUL 2013