| 1. REGISTRATION NO. <br> $41-R-0015$ | CUSTOMER NO. <br> 558 |
| :---: | :---: |
| 2 HEADOLARTERS RESEARCH |  |

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

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, inciude Zip Code)

MEDTRONIC PHYSIOLOGICAL RESEARCH
LABORATORIES
11520 YELLOW PINE STREET NW
MINNEAPOLIS, MN 55448
3. REPORTING FACILITY (List ail locations where animals were housed or used in actual research, testing, teaching, or expermentation, or held for these purposes. Attach additional sheets if necessary.)


REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Aüach additional sheets if necessary or use APHIS FORM 7023A )

| A. <br> Animals Covered By The Animal Weffare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing. experiments. research, or surgery but not yet used for such purposes. | C. Number of animals upon which teactring. research, experiments, or tests were conducted invelving no pain, distress, or use of painrelleving drugs. | D. Number of anirnals upon whith experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the anlmals and for which appropriate anasthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching. experiments, research, surgery or tests were conducted involving accormpanying pain or distress to the animals and for which the use of appropriate anesthetic,aralgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the leaching, 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 attached to this report) | F. <br> TOTAL NO. OF ANIMALS <br> (Cols. C + $D+E)$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 4. Dogs | 21 |  | 430 |  | 430 |
| 5. Cats |  |  |  |  |  |
| 6. Guinea Pigs |  |  |  |  |  |
| 7. Hamsters |  |  |  |  |  |
| 8. Rabbits | 14 |  | 109 |  | 109 |
| 9. Non-Human Primates |  |  |  |  |  |
| 10. Sheep | 25 |  | 177 |  | 177 |
| 11. Pigs | 10 |  | 304 |  | 304 |
| 12. Other Farm Animals |  |  |  |  |  |
| 13. Other Animals |  |  |  |  |  |
| Mouse | 77 |  | 374 |  | 374 |
| Rat | 1 |  | 497 |  | 497 |
| ASSURANCE STATEMENTS |  |  |  |  |  |

1) Professionally acceptable standards governing the care, treabment, and use of animats, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were foflowed 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 orincipal investigator and approved by the Institutional Animal Care and Use Commites (IACUC). A summary of alf the exceptlont 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 animat care and use.

CERTIFICATION BY HEADQUARTERS 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)
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL |NAME \& TILLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (TyPe or Print)'

