

Inspection Report

Customer ID:	819
Certificate:	55-R-0010
Site:	001
BRODY	BLDG - E C U
Туре:	ROUTINE INSPECTION
Date:	04-MAY-2017
	Certificate: Site: BRODY Type:

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the facility representative.

Additional Inspectors

Sismour Naomi, Veterinary Medical Officer

Prepared By:				Deter
	MCBRIDE MARY ANN, D V M	USDA, APH	IS, Animal Care	Date: 04-MAY-2017
Title:	VETERINARY MEDICAL OFFICE	ER 6093		
Received By:				
	(b) (6), (b) (7)(C)			Date:
Title: 19-04389	FACILITY REPRESENTATIVE			04-MAY-2017
19-04303	P	Page 1 of 1	Obtained by Rise for	Animals. Uploaded 07/05/2020



United States Department of Agriculture Animal and Plant Health Inspection Service

Customer: Inspection Date:

819 04-MAY-17

Animal Inspected at Last Inspection

Cust No	Cert No	Site	Site Name	Inspection
819	55-R-0010	001	EAST CAROLINA UNIVERSITY	04-MAY-17

Count	Species
000003	DOG ADULT
000020	RHESUS MACAQUE
000023	Total



Inspection Report

East Carolina University	Customer ID:	819
Dept Of Comparative Med,, School Of Med	Certificate:	55-R-0010
212 Life Sciences Bldg	Site:	001
Greenville, NC 27834	BRODY	BLDG - E C U
	Туре:	ROUTINE INSPECTION
	Date:	15-MAY-2018

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the facility representative.

Additional Inspectors

Gladue Paula, Veterinary Medical Officer

Prepared By:				Date:
	MCBRIDE MARY ANN, D V M	USDA, APH	IS, Animal Care	15-MAY-2018
Title:	VETERINARY MEDICAL OFFICE	ER 6093		
Received By:				
	(b) (6), (b) (7)(Ĉ)			Date:
Title: 19-04389	FACILITY REPRESENTATIVE			15-MAY-2018
19-04369	_000003 P	Page 1 of 1	Obtained by Rise for	Animals. Uploaded 07/05/2020



United States Department of Agriculture Animal and Plant Health Inspection Service

819 Customer: Inspection Date: 15-MAY-18

Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
819	55-R-0010	001	BRODY BLDG - E C U	15-MAY-18
Count	Scientific Name		Common Name	
000020	Macaca mulatta		RHESUS MACAQUE	

000020 000020 Total RHESUS MACAQUE



Inspection Report

East Carolina University	Customer ID:	819
Dept Of Comparative Med,, School Of Med	Certificate:	55-R-0010
212 Life Sciences Bldg	Site:	001
Greenville, NC 27834	BRODY	BLDG - E C U
	Type:	ROUTINE INSPECTION
	Date:	02-APR-2019

No non-compliant items were identified during this inspection.

This inspection and exit interview were conducted with the facility representative.

Additional Inspectors

Nooyen Amy, Veterinary Medical Officer O Malley Justine, Veterinary Medical Officer

Prepared By:				
	MCBRIDE MARY ANN, D V M	USDA, APH	IS, Animal Care	Date: 02-APR-2019
Title:	VETERINARY MEDICAL OFFICE	ER 6093		
Received By:				
	(b) (6), (b) (7)(Ĉ)			Date:
Title: 19-04389	FACILITY REPRESENTATIVE			02-APR-2019
19-04309	P	Page 1 of 1	Obtained by Rise for	Animals. Uploaded 07/05/2020



000020

Total

United States Department of Agriculture Animal and Plant Health Inspection Service

Customer: 819 Inspection Date: 02-APR-19

Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
819	55-R-0010	001	BRODY BLDG - E C U	02-APR-19
Count	Scientific Name		Common Name	
000020	Macaca mulatta		RHESUS MACAQUE	

it displays a valid OMB control	ol number. The valid OMB co rage 2 hours per response, in	ntrol number for this informati cluding the time for reviewing	ion collection i	s 0579-0036. The ti	me required to c	collection of information unless omplete this information tering and maintaining the data	OMB APPROVED 0579-0036 Exp. 10/31/2018
This report is required by law and to be subject to penalties		eport according to the regulati	ions can resul	t in an order to ceas	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2017
UNITED ST ANIMAL AN		1. REGISTRATI 55-R-0010					
					ERS RESEARC USDA, include	H FACILITY (Name, address, and ZIP Code)	telephone number as
_	(TYPE OR PRIN	,		DEPT OF (212 LIFE S GREENVIL	CIENCES BL LE, NC 27834	e med,, school of med Dg I	
3. REPORTING FACILITY (necessary.)	List all locations where anima	ls were housed or used in act	tual research,	testing, teaching, or	experimentation	, or held for these purposes. Attack	h additional sheets, if
		F	ACILITY LOC	ATIONS (Sites)			
(b) (7)(F) EAST CAROLINA UNIVE EAST CAROLINA UNIVE	RSITY RSITY						
		L OF RESEARCH FACILITY	-	,	, _	,	1-
A. Animals Covered By The Animal Welfare 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 teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon 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.		experime conducte distress t appropria tranquiliz affected t interpreta experime of the pro these and	f animals upon which teaching, nts, research, surgery, or tests wer d involving accompanying pain or o the animals and for which the use te anesthetic, analgesic, or ng drugs would have adversely he procedures, results, or tion of the teaching, research, nts, surgery, or tests. (An explanati cedures producing pain or distress mals and the reasons such drugs used must be attached to this repo	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	3	0	0			0	0
5. Cats	0	0		0		0	0
6. Guinea Pigs	0	0		0		0	0
7. Hamsters	0	0		0		0	0
8. Rabbits	0	1		0		0	1
9. Non-human Primates	0	0		20		0	20
10. Sheep	0	0		0		0	0
11. Pigs	0	0		20		0	20
12. Other Farm Animals							
13. Other Animals							
ASSURANCE STATEMENT		•	·		·		
		care, treatment, and use of an imentation were followed by the			f anesthetic, ana	Igesic, and tranquilizing drugs, prio	r to, during, and following

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 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 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).						
SIGNATURE OF C.E.O. OR I.O.	NAME AND TITLE OF C.E.O. OR I.O. (Type or Print) 5 U.S.C. § 552 (b)(6) & (b)(7)(c) INSTITUTIONAL OFFICIAL	DATE SIGNED 08-NOV-2017				

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 0579-0036 0579-0036 0579-0036			
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. Interagency Report Control No. 0180-DOA-AN		0,1	Fiscal Year: 2018
UNITED STATES DEPARTMENT OF AGRICULTURE	REGISTRATION NUMBER 55-R-0010		
ANIMAL AND PLANT HEALTH INSPECTION SERVICE	Customer Number 819		
	2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code) EAST CAROLINA UNIVERSITY		
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)	DEPT OF COMPARATIVE MED,, SCHOOL OF MED 212 LIFE SCIENCES BLDG		
	GREENVILLE, NC 27834		
	Telephone: (252) 744-2420		

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) See Attached Listing

۹.	В.	С.	D. Number of animals	E. Number of animals upon which teaching,	F.
Animals Covered By The Animal Welfare Regulations	D. 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.	D. Number of animals upon 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.	E. Number of animals upon which teaching, 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.)	r. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4 Dogs	0	0	0	0	0
5 Cats	0	0	0	0	0
6 Guinea Pigs	0	0	0	0	0
7 Hamsters	0	0	0	0	0
8 Rabbits	0	2	0	0	2
9 Non-Human Primates	0	0	20	0	20
10 Sheep	0	0	0	0	0
11 Pigs	0	0	13	0	13
12 Other Animals	0	0	0	0	0

ASSURANCE STATEMENTS

1.) 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 actual research, teaching, testing, surgery, or experimentation were followed 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 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 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 Officier (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).				
SIGNATURE OF C.E.O. OR I.O.	NAME AND TITLE OF C.E.O. OR I.O. (Type or Print) (b) (6), (b) (7)(C)	DATE SIGNED 10-DEC-2018		

Research Facility Protocol Selection Worksheet

Legal Name:	East Carolina	University	

Customer Number: 819

Certificate Number: 55-R-010

Site Number: 001

Inspection Date: April 4, 2019

Inspection Type: Routine

Focused (list areas inspected)

Inspector: McBride, Nooyen, O'Malley

Reason	ns 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: Protocol for each regulated species and/or, Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance): 	5
Т	otal Protocols Selected and Reviewed	5 of 15 protocols for covered species

*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.

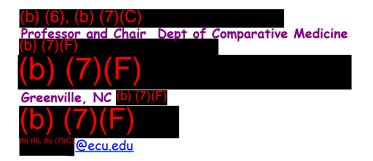
Version 2/11/19

From:	(b) (6), (b) (7)(C)
То:	McBride, Mary Ann T - APHIS
Cc:	5 U.S.C. § 552 (b)(6) & (b)(7)(c) @gmail.com); Nooyen, Amy
Subject:	RE: inspection report attached - please respond
Date:	Wednesday, April 3, 2019 8:29:48 AM
Attachments:	image001.png

Dear Dr. McBride:

I have received the inspection report.

Regards,



From: McBride, Mary Ann T - APHIS [mailto:maryann.t.mcbride@usda.gov] **Sent:** Tuesday, April 02, 2019 9:11 PM

To:(b) (6), (b) (7)(C) @ecu.edu> Cc:(b) (6), (b) (7)(C) @gmail.com) @gmail.com>; Nooyen, Amy <amy.nooyen@usda.gov>

Subject: inspection report attached - please respond

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

Good to see all of you today.

Thank you for sharing your knowledge and time regarding your covered species today.

Attached is the inspection report generated from today's inspection. Please open it, read it, and reply to this email that you have received it. Your email reply will serve as your signature for this report.

Also attached is a copy of the Protocol Selection Worksheet from today.

In addition, please submit a new letter stating that ECU has only one site, as listed on the inspection report, so that we may clear up the confusing 3 site listing currently recorded for ECU.

Please contact me with any questions or concerns.

Thanks,

Mary Ann McBride, DVM USDA APHIS Animal Care Raleigh, NC 919-259-5348 Maryann.t.mcbride@aphis.usda

Join the Animal Care Stakeholder Registry and receive emails on topics of interest

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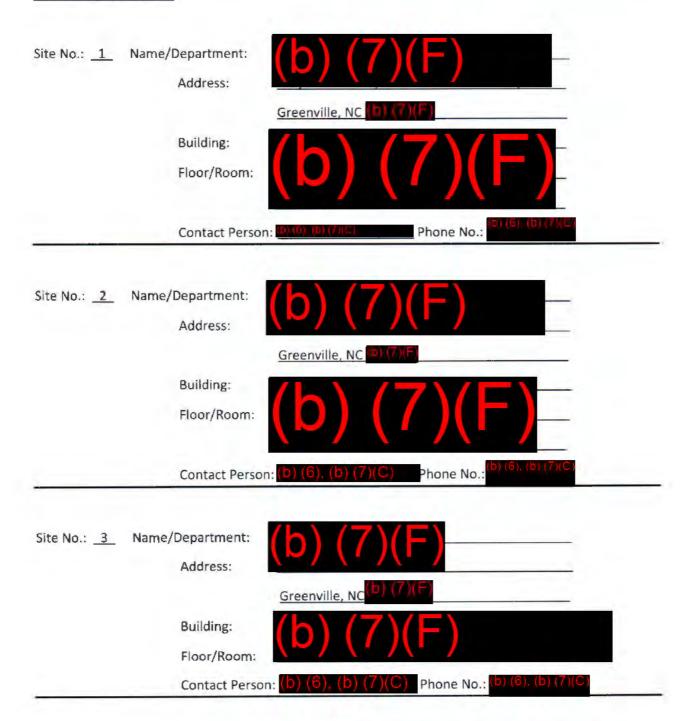
FACILITY LOCATIONS

Licensee/Registrant Name: East Carolina University

License/Registration Number: 55-R-0010

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Locations where animals are housed or used in actual research, testing, teaching, or <u>experimentation</u>, or <u>held for these purposes</u>:



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVI APPLICATION FOR REGISTI (TYPE OR PRINT)		USDA USE ON			
APPLICATION FOR REGISTI		and the second	USDA USE ONLY		
APPLICATION FOR REGISTRATION (TYPE OR PRINT)		ON 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			
REGISTRATION UPDA	TE				
		CERTIFICATE NO./CUST NO: 55-R-0010	RENEWAL DATE		
		819	19-Dec-2017		
		1	Vmc.		
1. REGISTRANT (Name and permanent mailing address, including Zip Co	ode)	2. LOCATION (S) OF BUSINESS, EXHIBITION SITE (Use additional sheets if necessary)	(s), OR RESEARCH FACILITIES		
East Carolina University Dept Of Comparative Med., School Of Med 212 Life Sciences Bldg Greenville, NC 27834		(b) (6), (b) (7)(C) Greenville, NC (com et 7)(c) County:			
COUNTY: PITT TELEPHONE 252-744-2420 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN			
S. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS	6. TYPE OF REC Class E -	Exhibitor Class H - Interm	ediate Handler		
X Yes No	Office Class R – C	Research Facility			
7. FEDERAL FUND TYPES: * Award * Contract * Grant [©] Loan	8. TYPE OF ORG ♦ Partnersh ♦ Other (Sp	nip O Corporation O Ind	ividual -		
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSH OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INS	HP IDENTIFY EACH PAR	THER OR OFFICER, IF CORPORATION, IDENTIFY PRIN	CIPAL		
A. NAME B.	TITLE	C. ADDRESS (full address. inclu	ding ZIP Code)		
(h)(6)(h)(7)((East Carolina University, Gre	eenville, NC 27834		
	. \	East Carolina University, Gre	eenville, NC 27834		
	CERTIFICA				

Thereby register as a Research Facility, Exhibitor, Camer, or intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 at seq, and I contribution provided herain 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.

(h) (c) (h) (7)(11, NAME AND TITLE (Type or Print)	12. DATE SIGNED
(b) (6), (b) (7)((h)(6)(h)(7)(C)	12/5/2017
		(b)(0), (b)(1)(0)	14/0/0011
	ACKNOWLEDGEMENT OF RECEI	PT OF REGULATIONS AND STANDARDS	

APHIS FORM 7011 (FEB 2009)

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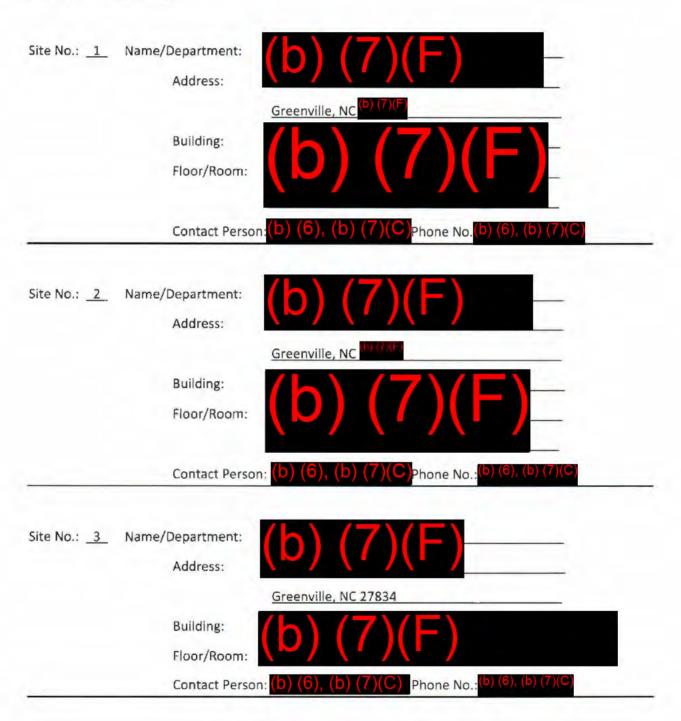
14 DEC 2017

FACILITY LOCATIONS

Licensee/Registrant Name: East Carolina University

License/Registration Number: 55-R-0010 / 8/9

Locations where animals are housed or used in actual research, testing, teaching, or <u>experimentation</u>, or <u>held for these purposes</u>:





United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

This is to certify that

EAST CAROLINA UNIVERSITY

is a registered under the

CLASS R RESEARCH FACILITY

EXPIRATION DATE: DECEMBER 19, 2020

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

Customer No.

55-R-0010

819

Deputy Administrator

APHIS FORM-04389 (1000155)

Frevious editions are obsuiete.