



Expiration Date: 06-25-2025

### **United States Department of Agriculture**

Marketing and Regulatory Programs This is to certify that SIEMENS HEALTHCARE DIAGNOSTICS INC

Animal and Plant Health Inspection Service is a licensed Class B - Dealer under the

# **Animal Welfare Act**

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

**Animal Care** 

Certificate No. 21-B-0201 Customer No. 42492

Maximum Number Of Animals Authorized: **1350** 

Authorized Dangerous Animal Group(s): **None** 

Eliperal Golding

**Deputy Administrator** 





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### UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICES

### APPLICATION FOR LICENSE

(TYPE OR PRINT)

OFFICIAL USDA USE ONLY OMB Approved 0579-0470, Exp 06/2023 SEND THE COMPLETED FORM TO: USDA APHIS ANIMAL CARE 2150 CENTRE AVE. BUILDING B, 3W11 FORT COLLINS, CO 80526 LICENSE/CUSTOMER NUMBER EXPIRATION DATE DATE RECEIVED

1-77 No license shall be issued unless a completed application and appropriate fees are received, and the applicant is in compliance with the standards and regulations (7 U.S.C. §§ 2132-2143). A license may be denied or license terminated if the applicant has made false or fraudulent statements or provided false or fraudulent records to USDA (9 C.F.R §§ 2.11 and 2.12). 1. TYPE OF LICENSE: 2. TYPE OF ORGANIZATION: ☐ CLASS A- BREEDER CLASS B- DEALER ☐ CLASS C- EXHIBITOR ☐ INDIVIDUAL ☐ PARTNERSHIP CORPORATION ☐ OTHER 3. NAME, MAILING ADDRESS, AND COUNTY (SEE INSTRUCTIONS): 4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES Siemens Healthcare Diagnostics (P.O. BOX ADDREDDES ARE NOT ACCEPTABLE): Sumu us Block 1 Please see attached list of all three animal facilities Benedict CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET. CHECK IF YOU WILL BE TRAVELING OVERNIGHT WITH ANIMALS. Dsiemans-healthinears.com 7. PREVIOUS USDA LICENSE NUMBER (IF ANY): 8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST: 21-8-0201 customa st 9. VIOLATIONS AND NOLO CONTENDRE (9 C.F.R § 2.1(a)(1)(vil)) Disclose any pleas of noto contendore (no contest) or finding of a violation of Federal, State, or local laws or regulations pertaining to animal crueity or the transportation, ownership, neglect, or welfare of animals. YES, EXPLAIN (ATTACH ADDITIONAL INFORMATION OR RECORDS.) 10. IF THE APPLICANT IS A CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY, LIST THE ENTITY'S OFFICERS AND AGENTS. CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET. TITLE Please see attached list 11. LIST THE ACTUAL OR ANTICIPATED TYPES AND MAXIMUM NUMBER OF ANIMALS OWNED, HELD, MAINTAINED, SOLD, EXHIBITED, OR LEASED AT ANY ONE TIME DURING THE PERIOD OF LICENSURE (9 CFR \$2.1(a)(1)(0)): ANIMAL TYPE NUMBER ANIMAL TYPE NUMBER ANIMAL TYPE NUMBER NONHUMAN PRIMATES (GROUPS 1-4) DOGS RHINOCEROSES §3.80(B)(2)(i) NONHUMAN PRIMATES (GROUP 5) \$3.80(B)(2)(i) CAYS HIPPOPOTAMUSES NONHUMAN PRIMATES (GROUPS) **GUINEA PIGS** GIRAFFES §3.80(B)(2)(i) HAMSTERS WILD/EXOTIC HOOFSTOCK EXOTIONALD FELIDS AND HYBRIDS RABBITS MARINE MAMMALS HYENAS, EXOTICAMILD CANIDS AND FARM ANIMALS (exclude horses) TOTAL ANIMALS 1,213 OTHER ANNALS (not listed a legypore) ELEPHANTS CHECK THIS BOX IF ADDITIONAL PAGES ARE USED TO LIST ANIMALS.

#### CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby certify that I have reviewed the Act, regulations, and standards. To the best of my knowledge and ballef, I am in compliance with and agree to continue to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am and all listed persons are 18 years of age or older.

| 12 51          | SIGNATURE: |    |                  |     |  |  |  |
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14. DATE: 31,

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 velid OMB control number for this information collection is estimated to average .25 hours per response, including the for reviewing instructions, searching existing data sources, gethering and reminishing the data needed, and completing and reviewing the collection of information.

APHIS FORM 7003A OCT 2020



Attached to Siemens Healthcare Diagnostics Inc. APHIS Form 7003A List of Officers May 31, 2022

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

511 Benedict Ave., Tarrytown, NY 10591

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

5210 Pacific Concourse Dr. Los Angeles, CA 90045 Office Tel: (b) (6), (b) (7)(C)

Sharon Bracken (effective May 24, 2022)
President, Siemens Healthineers Laboratory Diagnostics
511 Benedict Ave., Tarrytown, NY 10591

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511 Benedict Ave., Tarrytown, NY 10591

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(b) (7)(F) (b) (6), (b) (7)(C)

Unrestricted Siemens Healthcare Diagnostics Inc.

5210 Pacific Concourse Drive Los Angeles, CA 90045 Tel: (310) 498-8081 Fax: (310) 645-9999



Attached to Siemens Healthcare Diagnostics Inc. APHIS Form 7003A

Registration Number: 21-B-0201

Customer Number: 42492

List of three Animal Facilities May 31, 2022

(b) (7)(F) 002 (b) (7)(F)



Headquarter address: 511 Benedict Ave Tarrytown, NY 10591

County: Westchester

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

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www.usa.slemens.healthingers.com.r Animals.

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BUILDING B, 3W11
FORT COLLINS, CO 80526

LICENSE/CUSTOMER NUMBER EXPIRATION DATE DATE RECEIVED

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14. DATE: May 31, 2022

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

511 Benedict Ave., Tarrytown, NY 10591

Contacts by Site

(b) (7)(F) (b) (6), (b) (7)(C)

(b) (7)(F) (b) (6), (b) (7)(C)

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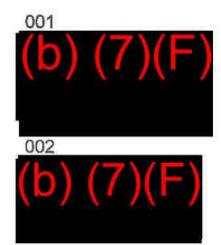


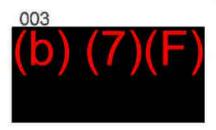
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| ACCORDING TO THE BARENHOOK BEDI WITHIN ACT OF ADAPTAR AND ACCORDING  | ict on engalism as a   | processors and control  |                          |                                |  |
|--|--|---|--------------------------|--------------------------------|--|
| ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, AN AGENCY MAY NOT CONDUCT OR SPONSOR, AND<br>A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID<br>OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0579- |  |   |                          | OMB APPROVED 0579-0036         |  |
| DOSG. THE TIME REQUIRED TO COMPLETE THE INFORMATION COLLECTION IS ESTIMATED T<br>MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHINS<br>SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REV<br>COLLECTION OF INFORMATION.                | G EXISTING DATA  | APPLICANT SHOULD SEND COMPLETED FORM TO THIS ADDRESS: USDA/APHIS/AC 2150 Centre Ave.  |                          |                                |  |
|  |  | Building B, Mailstop 3W1  |                          |                                |  |
|  |  | Fort Collins, CO 80526-8117   |                          |                                |  |
|  |  | CERTIFICATE NO./CUSTOMER NO   | i.i                      | RENEWAL DATE:                  |  |
| UNITED STATES DEPARTMENT   |  |   |                          | -tu                            |  |
| APPLICA  |  | NEW REGISTRATIO   | ON.                      |                                |  |
|  | (TYPE OF   | R PRINT)  |                          |                                |  |
| EVERY RESEARCH FACILITY, CARRIER, AND INTERMEDIATE HANDLER NOT RE<br>THE USDA (7 U.S.C. 2136).   | EQUIRED TO BE LICE   | NSED UNDER SECTION 7 U.S.C  | . 2133 OF THE ANIMAL WE  | LFARE ACT, SHALL REGISTER WITH |  |
| L. TYPE OF REGISTRATION REQUESTED:<br>☐ INTERMEDIATE HANDLER ☐ CARRIER ★☐ RESEARCH FACILITY ☐ FEDERAL R  | RESEARCH FACILITY  | ☐ AGRICULTURAL RESEARCH F   | ACILITY   VETERANS' AD   | MINISTRATION                   |  |
| 2. TYPE OF ORGANIZATION:  INDIVIDUAL CORPORATION PARTNERSHIP UNIVERSITY LEG  | C X□ SOLE PROPRIE  | ETOR TRUST OTHER  |                          |                                |  |
| B: TYPE OF PUBLIC: (Select one)  ☐ STATE, LOCAL, TRIBAL GOVERNMENT X BUSINESS OR OTHER FOR-PROFIT  ☐ INDIVIDUAL OR HOUSEHOLD   | NOT-FOR-PROFIT IN  | STITUTION   FARM   FOREI  | GN OR DOMESTIC FEDERAL ( | GOVERNMENT                     |  |
| NAME OF REGISTRANT AND MAILING ADDRESS: (SEE INSTRUCTIONS)   | - 1  | 9. ALL BUSINESS NAMES AND LOCATION ADDRESSES HOUSING ANIMALS: INCLUDE DIRECTIONS TO EACH LOCATION (P.O. BOX NOT ACCEPTABLE) |                          |                                |  |
| Fields Behavioral Health   | - 1  | CHECK THIS BOX IF ADDITIONAL LOCATIONS ARE LISTED ON AN ADDITIONAL SHEET.   |                          |                                |  |
| 53 S Loudoun St  |  | (h) (   | 71/F                     | 1                              |  |
| Lovettsville VA 20180  |  | (D) (   | / /(                     | <i>)</i>                       |  |
| i. county:<br>Loudoun  |  | 10. COUNTY:<br>(b) (7)(F)   |                          |                                |  |
| 5. TELEPHONE:<br>540-554-1037  | 11. TELEPHONE NUMBER AT THIS LOCATION:<br>540-554-1037   |   |                          |                                |  |
| 7. RESIDENTIAL ADDRESS X NON-RESIDENTIAL ADDRESS   | 12. OPTIMAL HOURS FOR INSPECTION AT THIS LOCATION: (DAYS OF THE WEEK AND TIMES OF DAY)  Site not open yet, under reno/rezone |   |                          |                                |  |
| B. EMAIL:<br>afieldsmd@fieldsbehavioralhealth.com  |  | 13. WEBSITE:  |                          |                                |  |
| <ol> <li>IF INDIVIDUAL, IDENTIFY EACH OWNER; IF PARTNERSHIP IDENTIFY EA<br/>THE INSTITUTIONAL OFFICIAL.</li> </ol>   | CHECK THIS BOX I   | F ADDITIONAL PERSONS ARE  | ISTED ON AN ADDITIONAL   | SHEET.                         |  |
| NAME   | m  | Œ   |                          | ADDRESS INCLUDING ZIP CODE)    |  |
| lice E Fields Owner, Doctor of Medici<br>Institutional Officer, Prin   |  |   | (b) (6),                 | (b) (7)(C)                     |  |
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|  |  |   |                          |                                |  |
|  |  |   |                          |                                |  |
|  |  | ICATION   |                          |                                |  |
| I HEREBY REGISTER AS A RESEARCH FACILITY, CARRIER, OR INTERMEDI<br>INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST<br>REGULATIONS AND STANDARDS CONTAINED IN 9 CFR, SUBPART A, PARTS   | OF MY KNOWLEDG   | GE. I HEREBY ACKNOWLEDG   | E RECEIPT OF AND AGREE   | TO COMPLY WITH ALL THE         |  |
| 15. SIGNATURE DocuSigned by: 16. NAME  | AND TITLE (TYPE O  | R PRINT)  | 17. DATE SIGNED          |                                |  |
| 15. SIGNATURE (b) (6), (b) (7)(C)  16. NAME Alice E.   |  | 04/28/2022  |                          |                                |  |

APHIS FORM 7011A ADSST 49AEBB840C

NOV 2020