



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**

A handwritten signature in black ink, reading "Elizabeth Golding". The signature is written in a cursive style with a large, stylized "E" and "G".

Deputy Administrator



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Deputy Administrator

21-B-0201

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICESAPPLICATION 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

42492

6-25-2025

6-15-22 AD

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:

☐ CLASS A- BREEDER ☒ CLASS B- DEALER ☐ CLASS C- EXHIBITOR

## 2. TYPE OF ORGANIZATION:

☐ INDIVIDUAL ☐ PARTNERSHIP ☒ CORPORATION ☐ OTHER

## 3. NAME, MAILING ADDRESS, AND COUNTY (SEE INSTRUCTIONS):

Siemens Healthcare Diagnostics Inc.  
511 Benedict Ave  
Tarrytown, NY 10591

Attn: (b) (6), (b) (7)(C)

COUNTY:

Westchester

## 4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES

(P.O. BOX ADDRESSES ARE NOT ACCEPTABLE): ☐ Submit as Block 1

Please see attached list of all  
three animal facilities

COUNTY:

☒ CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET.  
☐ CHECK IF YOU WILL BE TRAVELING OVERNIGHT WITH ANIMALS.

## 5. TELEPHONE NUMBER(S):

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

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

## 6. EMAIL ADDRESS:

(b) (6), (b) (7)(C) siemens-healthinears.com

## 7. PREVIOUS USDA LICENSE NUMBER (IF ANY):

N/A

## 8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:

21-B-0201 (Customer # 42492)

## 9. VIOLATIONS AND NOLO CONTENDERE (9 C.F.R. § 2.1(a)(1)(vii))

Disclose any pleas of nolo contendere (no contest) or finding of a violation of Federal, State, or local laws or regulations pertaining to animal cruelty or the transportation, ownership, neglect, or welfare of animals.

☒ NONE ☐ 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.

NAME

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)(i)):

ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER
DOGS		NONHUMAN PRIMATES (GROUPS 1-4) §3.80(b)(2)(i)		RHINOCEROSSES	
CATS		NONHUMAN PRIMATES (GROUP 5) §3.80(b)(2)(i)		HIPPOTAMUSES	
GUINEA PIGS		NONHUMAN PRIMATES (GROUP 6) §3.80(b)(2)(i)		GIRAFFES	
HAMSTERS		BEARS		WILDEXOTIC HOOFSTOCK	
RABBITS	273	EXOTICWILD FELIDS AND HYBRIDS		MARINE MAMMALS	
FARM ANIMALS (exclude horses)		HYENAS, EXOTICWILD CANIDS AND HYBRIDS		TOTAL ANIMALS	1,213
OTHER ANIMALS (not listed above)	940	ELEPHANTS			

Goats = 195  
5 sheep = 745

☐ 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 belief, 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. SIGNATURE:

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

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

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

## 14. DATE:

May 31, 2022

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 0579-0470. The time required to complete this information collection is estimated to average .25 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.

APHIS FORM 7003A  
OCT 2020

22-04823\_000010





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

Attention Person:

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

511 Benedict Ave., Tarrytown, NY 10591

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

(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

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

511 Benedict Ave., Tarrytown, NY 10591

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

511 Benedict Ave., Tarrytown, NY 10591

(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)

(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

[www.usa.siemens-healthineers.com](http://www.usa.siemens-healthineers.com) for Animals.



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

001

(b) (7)(F)

002

(b) (7)(F)

003

(b) (7)(F)

Headquarter address:

511 Benedict Ave

Tarrytown, NY 10591

County: Westchester

Tel: (b) (6), (b) (7)(C) Attn: (b) (6), (b) (7)(C)

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Attn: (b) (6), (b) (7)(C)  
COUNTY: Westchester

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## COUNTY:

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

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

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

Siemens-healthcare.com

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N/A

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21-B-0201 (Customer # 42492)

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

## 13. PRINT NAME AND TITLE:

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APHIS FORM 7003A  
OCT 2020

22-04823\_000013





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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  
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✓ (b) (6), (b) (7)(C)

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Customer Number: 42492

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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 THE INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 15 MINUTES 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.	<b>USDA USE ONLY</b>	<b>OMB APPROVED 0579-0036</b>
APPLICANT SHOULD SEND COMPLETED FORM TO THIS ADDRESS: USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117		
CERTIFICATE NO./CUSTOMER NO:		RENEWAL DATE:
<b>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b> <b>APPLICATION FOR NEW REGISTRATION</b> <b>(TYPE OR PRINT)</b>		
EVERY RESEARCH FACILITY, CARRIER, AND INTERMEDIATE HANDLER NOT REQUIRED TO BE LICENSED UNDER SECTION 7 U.S.C. 2133 OF THE ANIMAL WELFARE ACT, SHALL REGISTER WITH THE USDA (7 U.S.C. 2136).		
<b>1. TYPE OF REGISTRATION REQUESTED:</b> <input type="checkbox"/> INTERMEDIATE HANDLER <input type="checkbox"/> CARRIER <input checked="" type="checkbox"/> RESEARCH FACILITY <input type="checkbox"/> FEDERAL RESEARCH FACILITY <input type="checkbox"/> AGRICULTURAL RESEARCH FACILITY <input type="checkbox"/> VETERANS' ADMINISTRATION		
<b>2. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> LLC <input checked="" type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER _____		
<b>3. TYPE OF PUBLIC: (Select one)</b> <input type="checkbox"/> STATE, LOCAL, TRIBAL GOVERNMENT <input checked="" type="checkbox"/> BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> NOT-FOR-PROFIT INSTITUTION <input type="checkbox"/> FARM <input type="checkbox"/> FOREIGN OR DOMESTIC FEDERAL GOVERNMENT <input type="checkbox"/> INDIVIDUAL OR HOUSEHOLD		
<b>4. NAME OF REGISTRANT AND MAILING ADDRESS: (SEE INSTRUCTIONS)</b>  Fields Behavioral Health  53 S Loudoun St   Lovettsville                      VA                      20180	<b>9. ALL BUSINESS NAMES AND LOCATION ADDRESSES HOUSING ANIMALS:</b> INCLUDE DIRECTIONS TO EACH LOCATION (P.O. BOX NOT ACCEPTABLE) <input type="checkbox"/> CHECK THIS BOX IF ADDITIONAL LOCATIONS ARE LISTED ON AN ADDITIONAL SHEET. <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 20px;">(b) (7)(F)</div>	
<b>5. COUNTY:</b> Loudoun	<b>10. COUNTY:</b> <div style="background-color: black; color: red; font-size: 1.2em; text-align: center;">(b) (7)(F)</div>	
<b>6. TELEPHONE:</b> 540-554-1037	<b>11. TELEPHONE NUMBER AT THIS LOCATION:</b> 540-554-1037	
<b>7. <input type="checkbox"/> RESIDENTIAL ADDRESS   <input checked="" type="checkbox"/> NON-RESIDENTIAL ADDRESS</b>	<b>12. OPTIMAL HOURS FOR INSPECTION AT THIS LOCATION: (DAYS OF THE WEEK AND TIMES OF DAY)</b> Site not open yet, under reno/rezone	
<b>8. EMAIL:</b> afieldsmd@fieldsbehavioralhealth.com	<b>13. WEBSITE:</b>	
<b>14. IF INDIVIDUAL, IDENTIFY EACH OWNER; IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER; IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS; IF A RESEARCH FACILITY, IDENTIFY THE INSTITUTIONAL OFFICIAL.</b> <input type="checkbox"/> CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET.		
NAME	TITLE	ADDRESS (FULL ADDRESS INCLUDING ZIP CODE)
Alice                      E                      Fields	Owner, Doctor of Medicine, Psychiatrist, Institutional Officer, Principal investigator	(b) (6), (b) (7)(C)
<b>CERTIFICATION</b> I HEREBY REGISTER AS A RESEARCH FACILITY, CARRIER, OR INTERMEDIATE HANDLER UNDER THE ANIMAL WELFARE ACT, 7 U.S.C. 2131 ET SEQ. AND I CERTIFY THAT THE INFORMATION PROVIDED HEREIN 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.		
<b>15. SIGNATURE</b> <div style="background-color: black; color: red; font-size: 1.2em; text-align: center;">(b) (6), (b) (7)(C)</div>	<b>16. NAME AND TITLE (TYPE OR PRINT)</b> Alice E. Fields, MD	<b>17. DATE SIGNED</b> 04/28/2022