



Expiration Date: January 1, 2003

United States Department of Agriculture

**Marketing and
Regulatory
Programs**

This is to certify that
Synchrony Labs LLC

**Animal and
Plant Health
Inspection
Service**

is a registered Class R - Research Facility under the

Animal Welfare Act (7 U.S.C. 2131 et seq.)

Animal Care

Certificate No. 55-R-0148

Customer No. 334233

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



United States Department of Agriculture

Animal and Plant
Health Inspection
Service

Animal Care

Fort Collins Office
2150 Centre Avenue
Building B, 3W11
Fort Collins, CO 80526
Phone: 970-494-7478

RE: ACKNOWLEDGEMENT OF UPDATE

Certificate Number: 55-R-0148

Renewal Date: January 1, 3000

May 10, 2022

Customer ID Number: 334233

Synchrony Labs LLC
3908 PATRIOT DRIVE STE 170
DURHAM, NC 27703

Dear Registrant:

Thank you for submitting your USDA Registration renewal form. Enclosed for your files is a copy of your APHIS Form 7011 (Application for Registration) and Registration Certificate showing that your registration under the Animal Welfare Act has been renewed for another 3 years.

This Application for Registration is to be filed every 3 years on or before your renewal date. You will receive a renewal notice approximately 60 days before your renewal date. You may discontinue your registration under the Animal Welfare Act any time you desire by submitting a written request for cancellation of your registration to this office.

You are reminded that your records must be kept current. They are subject to review by the Animal Care personnel when they visit your premises. Record-keeping forms may be ordered from this office at no charge.

The law requires you to notify this office, in writing, of any changes in the name, address, location, management, control or ownership of your business within 10 days after such a change has been made.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at 970-494-7478 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Elizabeth Goldentyer, D.V.M.
Deputy Administrator
USDA, APHIS, Animal Care

cc:
CARLA THOMAS
MARY ANN MCBRIDE

Enclosures



Inspection Report

Synchrony Labs LLC
3908 PATRIOT DRIVE STE 170
DURHAM, NC 27703

Customer ID: **334233**
Certificate: **55-R-0148**
Site: 001
SYNCHRONY LABS LLC

Type: ROUTINE INSPECTION
Date: 10-MAY-2022

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with facility representatives.

Prepared By: MARY ANN MCBRIDE
USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL
OFFICER

Date:
10-MAY-2022

Received by Title: Institutional Officer

Date:
10-MAY-2022



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
334233	55-R-0148	001	SYNCHRONY LABS LLC	10-MAY-2022

Count	Scientific Name	Common Name
000008	<i>Canis lupus familiaris</i>	DOG ADULT
000098	<i>Sus scrofa domestica</i>	DOMESTIC PIG / POTBELLY PIG / MICRO PIG
000012	<i>Ovis aries aries</i>	SHEEP INCLUDING ALL DOMESTIC BREEDS
000118	Total	

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.

USDA USE ONLY

OMB APPROVED 0579-0036

Applicant should send completed form to this address:

USDA/APHIS/AC
2150 Centre Ave.
Building B, Mailstop 3W11

Certificate Number and Customer Number:
55-R-0148
334 233

Renewal Date: N/A
40/21/2024

United States Department of Agriculture
Animal and Plant Health Inspection Service
APPLICATION FOR REGISTRATION UPDATE
(TYPE OR PRINT)

Every research facility, carrier, and intermediate handler not required to be licensed under 7 U.S.C. 2133, shall register with the USDA (7 U.S.C. 2136). The registration shall be updated every 3 years. (9 C.F.R. §2.30).

1. Type of registration requested:

☐ Intermediate Handler ☐ Carrier ☒ Research Facility ☐ Federal Research Facility ☐ Agricultural Research Facility ☐ Veterans' Administration

2. Type of organization:

☐ Individual ☒ Corporation ☐ Partnership ☐ University ☒ LLC ☐ Sole Proprietor ☐ Trust ☐ Other

3. Type of public (select one)

☐ State, Local, Tribal Government ☐ Business Or Other For-Profit ☐ Not-For-Profit Institution ☐ Farm ☐ Foreign Or Domestic Federal Government

☐ Individual Or Household

4. Name of Registrant and Mailing Address: (See Instructions)

Synchrony Labs, LLC
3908 Patriot Drive, Suite 170
Durham, NC 27707
27703

9. All Business Names and Location Addresses Housing Animals:

Include directions to each location (P.O. Box not acceptable)

☒ Check this box if additional locations are listed on an additional sheet.

(b) (7)(F)

5. County:

Durham

10. County:

6. Telephone:

919 541 9977

11. Telephone number at this location:

7. ☐ Residential address

☒ Non-residential address

12. Optimal hours for inspection at this location: (days of the week and times of day)

10^{am} - 4^{pm}

8. EMAIL:

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

@synchronylabs.com

13. WEBSITE:

14. If individual, identify each owner; if partnership identify each partner or officer; if a corporation, identify principal officers; or if a research facility, identify the Institutional Official.
☐ Check this box if additional persons are listed on an additional sheet.

Name

Title

Address (full address including zip code)

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

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

3908 Patriot Drive, Suite 170, Durham, NC 27703

Certification

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 certify that to the best of my knowledge and belief, I am in compliance with 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.

15. (b) (6), (b) (7)(C)

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

17. Date signed

11/01/21

Additional Locations, Facilities, Premises, or Sites

If you checked "Additional locations are listed on an additional sheet" in box 9, then please use this template to provide the supplemental information.

P.O. Box addresses are not acceptable. Applications listing P.O. boxes will be returned.

Additional Site 1:

Site Name	(b) (7)(F)
Address Line 1	(b) (7)(F)
Address Line 2	
Address Line 3	
City	(b) (7)(F)
State	
County	
Zip Code	
Phone	(b) (6), (b) (7)(C)
Optimal Hours for Inspection	9am to 2pm

☐ Residential Address ☒ Non-Residential Address

Additional Site 2:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	
Optimal Hours for Inspection	

☐ Residential Address ☐ Non-Residential Address

Additional Persons

If you checked "Additional persons are listed on an additional sheet" in box 14, then please use this template to provide the supplemental information.

Box 14. Separate Sheet for Listing Additional Persons

Additional Person 1:

Person's Name	(b) (6), (b) (7)(C)
Person's Title	
Address Line 1	(b) (7)(F)
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	

Additional Person 2:

Person's Name	
Person's Title	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	

Additional Person 3:

Person's Name	
Person's Title	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	

Additional Person 4:

Person's Name	
Person's Title	
Address Line 1	
Address Line 2	