| 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 0579-0036 between the information and expension of a collection of a collection of the time required to complete this information 0579-0036 between the i | | | | | | | | | | |
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| | (7 U.S.C. 2143). Failure to re | port according to the regulati | ons can result in an order to cease | e and desist Interagency Report Control No. 0180-DOA-AN | Fiscal Year 2016 | | | | | |
| | ATES DEPARTMENT D PLANT HEALTH IN | | | 1. REGISTRATION NUMBER 43-R-0105 | | | | | | |
| | | | | ERS RESEARCH FACILITY (Name, address, and a USDA, include ZIP Code) | elephone number as | | | | | |
| ANNUAL RE | PORT OF RES | | | MISSOURI WESTERN STATE UNIVERSITY | | | | | | |
| | (TYPE OR PRIN | Т) | 4525 DUVV | 4525 DOWNS DR | | | | | | |
| | | | | SAINT JOSEPH, MO 64507 | | | | | | |
| 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.) | | | | | | | | | | |
| | | F/ | ACILITY LOCATIONS (Sites) | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| REPORT OF ANIMALS USE | D BY OR UNDER CONTROL B. | OF RESEARCH FACILITY | - | sary, or use APHIS FORM 7023A.) | F. | | | | | |
| Animals Covered By The Animal Welfare Regulations | 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 wer conducted involving accompanying pain or distress to the animals and for which the use appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanati of the procedures producing pain or distress these animals and the reasons such drugs were not used must be attached to this repor- tion of the section of the section of the section of the section of user such and the reasons such drugs | e of 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 | 0 | 0 | 0 | 0 | | | | | |
| 9. Non-human Primates | 0 | 0 | 0 | 0 | 0 | | | | | |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 | | | | | |
| 11. Pigs | 0 | 0 | 0 | 0 | 0 | | | | | |
| 12. Other Farm Animals | | | | | | | | | | |
| | | | | | | | | | | |
| 13. Other Animals | 0 | 10 | 0 | 0 | 10 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ASSURANCE STATEMENTS | 2 | | | | | | | | | |

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.

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. 3.)

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). | | | | |

DATE SIGNED 14-FEB-2017

| unless it displays a valid OM | B control number. The valid C rage 2 hours per response, in | OMB control number for this in cluding the time for reviewing | sor, and a person is not required formation collection is 0579-0036 instructions, searching existing d | . The time requir | ed to complete this information | OMB APPROVED 0579-0036 |
|--|---|---|--|---|---|------------------------------|
| This report is required by law and to be subject to penalties | | | ons can result in an order to ceas | e and desist | Interagency Report Control No. 0180-DOA-AN | Fiscal Year 2016 |
| | ATES DEPARTMENT D PLANT HEALTH IN | | 1. REGISTRATI 43-R-010 | | | |
| CONTINU REPOR | L with USDA, ind MISSOUR 4525 DOW | 2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) MISSOURI WESTERN STATE UNIVERSITY 4525 DOWNS DR SAINT JOSEPH, MO 64507 | | | | |
| | | | (Attach additional sheets if neces | | , | |
| 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 were con pain or di which the analgesic adversely or interpr experime of the pro on these | of animals upon which teaching, ints, research, surgery, or tests ducted involving accompanying istress to the animals and for use of appropriate anesthetic, c, or tranquilizing drugs would have affected the procedures, results, etation of the teaching, research, ints, surgery, or tests. (An explana ocedures producing pain or distres animals and the reasons such dru used must be attached to this rep | (Cols. C + D + E) s gs |
| VIRGINIA OPOSSUM | 0 | 5 | 0 | | 0 | 5 |
| RACCOONS | 0 | 5 | 0 | | 0 | 5 |
| | | | | | | |
| ASSURANCE STATEMENTS | S | | | | | |

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.

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- 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). | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|
| | DATE SIGNED | | | | | | | |