| it displays a valid OMB contro collection is estimated to ave | ol number. The valid OMB cor | ntrol number for this information cluding the time for reviewing | on collection is 0579-0036. The ti | o respond to, a collection of information unless me required to complete this information ata sources, gathering and maintaining the data | OMB APPROVED 0579-0036 Exp.: 10/31/2018 | | | |
|--|---|--|--|--|---|--|--|--|
| This report is required by law | , i i i i i i i i i i i i i i i i i i i | port according to the regulation | 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 31-R-0092 | | | | |
| | | | | ERS RESEARCH FACILITY (Name, address, an USDA, include ZIP Code) | d telephone number as | | | |
| ANNUAL RE | PORT OF RES | | | ST OHIO MEDICAL UNIVERSITY | | | | |
| | (TYPE OR PRIN | Τ) | 4209 STAT P.O. BOX 9 | E ROUTE 44 95 | | | | |
| | 1 : | | | ROOTSTOWN, OH 44272 | | | | |
| 3. REPORTING FACILITY (Innecessary.) | List ali locations where animal | | | experimentation, or held for these purposes. Atta | ch additional sheets, if | | | |
| | | F/ | ACILITY LOCATIONS (Sites) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | sary, or use APHIS FORM 7023A.) | - | | | |
| 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. | E. Number of animals upon which teaching, experiments, research, surgery, or tests w conducted involving accompanying pain or distress to the animals and for which the u appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explana of the procedures producing pain or distres these animals and the reasons such drugs were not used must be attached to this rep | tion to n to n t | | | |
| 4. Dogs | 0 | 0 | 12 | 12 0 | | | | |
| 5. Cats | 0 | 0 | 0 | 0 | 0 | | | |
| 6. Guinea Pigs | 3 | 0 | 33 | 33 0 | | | | |
| 7. Hamsters | 0 | 0 | 0 | 0 0 | | | | |
| 8. Rabbits | 4 | 4 | 0 | 0 | 4 | | | |
| 9. Non-human Primates | 0 | 2 | 0 | 0 | 2 | | | |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 | | | |
| 11. Pigs | 0 | 0 | 31 | 0 | 31 | | | |
| 12. Other Farm Animals | | | | | | | | |
| | | | | | | | | |
| 13. Other Animals | 194 | 3 | 381 | 0 | 384 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 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 05-DEC-2016

| 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 needed, and completing and reviewing the collection of information. | | | | | | | | OMB APPROVED 0579-0036 | |
|---|---|--|--|---|--|--|------------------------------------|---------------------------|--|
| | | | | | | Interagency Report Control No. 0180-DOA-AN | Fiscal Year 2016 | | |
| UNITED ST ANIMAL AN | | 1. REGISTRATION NUMBER 31-R-0092 | | | | | | | |
| CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | | | | 2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44 P.O. BOX 95 ROOTSTOWN, OH 44272 | | | | | |
| REPORT OF ANIMALS USE | D BY OR UNDER CONTROL | | • | | | , | | | |
| 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. | which e teachin surgery conduc accom or distr animals which a anesth | r of animals upon experiments, g, research, r, or tests were ted involving poanying pain eess to the s and for appropriate etic, analgesic, or lizing drugs were | experime were con pain or d 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 e use of appropriate anesthetic, c, or tranquilizing drugs would hav y affected the procedures, results, teation of the teaching, research, ents, 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 ation ss ugs | LS | |
| BATS | 115 | 0 | 48 | | | 0 | 48 | | |
| GERBILS | 63 | 0 | 322 | | | 0 | 322 | | |
| NAKED MOLE RATS | 16 | 0 | 11 | | | 0 | 11 | | |
| SQUIRRELS | 0 | 3 | | 0 | | 0 | 3 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ASSURANCE STATEMENT | 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.

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