| 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 ti 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 data of the setimated 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. |   |  |  |   |  |  |  |  |
|--|---|--|--|---|--|--|--|--|
|  | (7 U.S.C. 2143). Failure to re  | port according to the regulati   | ons can result in an order to ceas   | e and desist Interagency Report Control<br>No. 0180-DOA-AN  | Fiscal Year 2016   |  |  |  |
|  | ATES DEPARTMENT   |  |  | 1. REGISTRATION NUMBER<br>93-R-0432   |  |  |  |  |
|  |   |  | 2. HEADQUART   | <ol> <li>HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as<br/>registered with USDA, include ZIP Code)</li> </ol>  |  |  |  |  |
| ANNUAL RE  | PORT OF RES   | EARCH FACI   | -  | TY OF CALIFORNIA-BERKELEY   |  |  |  |  |
|  | (TYPE OR PRIN   |  |  | 119 CALIFORNIA HALL   |  |  |  |  |
|  |   |  | BERKELEY   | BERKELEY, CA 94720  |  |  |  |  |
| 3. REPORTING FACILITY (L<br>necessary.)  | ist all locations where animal  | s were housed or used in act   | ual research, testing, teaching, or  | experimentation, or held for these purposes. Attac  | h additional sheets, if  |  |  |  |
|  |   | F  | ACILITY LOCATIONS (Sites)  |   |  |  |  |  |
|  |   |  |  |   |  |  |  |  |
|  |   |  |  |   |  |  |  |  |
|  |   |  | -  | sary, or use APHIS FORM 7023A.)   |  |  |  |  |
| A.<br>Animals Covered By<br>The Animal<br>Welfare Regulations  | B.<br>Number of animals<br>being bred,<br>conditioned, or held<br>for use in teaching,<br>testing, experiments,<br>research, or surgery<br>but not yet used for<br>such purposes. | C.<br>Number of animals<br>upon which<br>teaching, research,<br>experiments, or<br>tests were<br>conducted involving<br>no pain, distress, or<br>use of pain-relieving<br>drugs. | D. Number of animals upon<br>which experiments,<br>teaching, research,<br>surgery, or tests were<br>conducted involving<br>accompanying pain or<br>distress to the animals<br>and for which<br>appropriate anesthetic,<br>analgesic, or<br>tranquilizing drugs were<br>used. | E. Number of animals upon which teaching,<br>experiments, research, surgery, or tests wer<br>conducted involving accompanying pain or<br>distress to the animals and for which the use<br>appropriate anesthetic, analgesic, or<br>tranquilizing drugs would have adversely<br>affected the procedures, results, or<br>interpretation of the teaching, research,<br>experiments, surgery, or tests. (An explanat<br>of the procedures producing pain or distress<br>these animals and the reasons such drugs<br>were not used must be attached to this repo | e of<br>TOTAL NUMBER<br>OF ANIMALS<br>(Cols. C + D + E)<br>ion |  |  |  |
| 4. Dogs  | 0   | 0  | 0  | 0   | 0  |  |  |  |
| 5. Cats  | 0   | 0  | 0  | 0   | 0  |  |  |  |
| 6. Guinea Pigs   | 22  | 10   | 67   | 0   | 77   |  |  |  |
| 7. Hamsters  | 19  | 31   | 0  | 0   | 31   |  |  |  |
| 8. Rabbits   | 0   | 9  | 0  | 0   | 9  |  |  |  |
| 9. Non-human Primates  | 0   | 6  | 17   | 0   | 23   |  |  |  |
| 10. Sheep  | 0   | 0  | 0  | 0   | 0  |  |  |  |
| 11. Pigs   | 0   | 0  | 0  | 0   | 0  |  |  |  |
| 12. Other Farm Animals   |   |  |  |   |  |  |  |  |
|  |   |  |  |   |  |  |  |  |
| 13. Other Animals  | 104   | 83   | 22   | 0   | 105  |  |  |  |
|  |   |  |  |   |  |  |  |  |
|  |   |  |  |   |  |  |  |  |
|  |   |  |  |   |  |  |  |  |
| ASSURANCE STATEMENTS   | 2   |  | 1  | L   | 1  |  |  |  |

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 11-MAY-2017

| unless it displays a valid OM  | rage 2 hours per response, in   | MB control number for this in<br>cluding the time for reviewing  | formation colle  | ection is 0579-0036.  | The time requir   | collection of information<br>red to complete this information<br>hering and maintaining the data  |                         | OMB APPROVED<br>0579-0036                             |
|--|---|--|--|---|---|---|-------------------------|---|
| This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an order to cease and desist<br>and to be subject to penalties as provided for in Section 2150. No. 0180-DOA-AN |   |  |  |   |   |   | Fis                     | scal Year 2016  |
|  | ATES DEPARTMENT<br>D PLANT HEALTH IN  |  |  | 1. REGISTRATIO<br>93-R-0432   |   |   |                         |   |
|  | ATION SHEET<br>T OF RESEAR<br>(TYPE OR PRIN   | CH FACILITY  |  | with USDA, inc<br>UNIVERSI <sup>-</sup><br>119 CALIF(   | lude ZIP Code)  | H FACILITY (Name, address, and<br>ORNIA-BERKELEY  | l telepho               | one number as registered                              |
| REPORT OF ANIMALS USE  |   |  |  |   |   | ·   |                         |   |
| A.<br>Animals Covered By<br>The Animal<br>Welfare Regulations  | B.<br>Number of animals<br>being bred,<br>conditioned, or held<br>for use in teaching,<br>testing, experiments,<br>research, or surgery<br>but not yet used for<br>such purposes. | C.<br>Number of animals<br>upon which<br>teaching, research,<br>experiments,<br>or tests were<br>conducted involving<br>no pain, distress, or<br>use of pain-relieving<br>drugs. | which e<br>teachin<br>surgery<br>conduc<br>accomp<br>or distr<br>animals<br>which a<br>anesthe | r of animals upon<br>experiments,<br>g, research,<br>r, or tests were<br>ted involving<br>boanying pain<br>ess to the<br>s and for<br>appropriate<br>etic, analgesic, or<br>lizing drugs were | experime<br>were cor<br>pain or d<br>which the<br>analgesii<br>adversel<br>or interpr<br>experime<br>of the pro<br>on these | of animals upon which teaching,<br>ints, research, surgery, or tests<br>diducted involving accompanying<br>istress to the animals and for<br>e use of appropriate anesthetic,<br>c, or tranquilizing drugs would hav<br>y affected the procedures, results,<br>teation of the teaching, research,<br>nits, surgery, or tests. (An explana<br>occdures producing pain or distres<br>animals and the reasons such dru,<br>used must be attached to this rep | e<br>ition<br>is<br>igs | F.<br>TOTAL NUMBER<br>OF ANIMALS<br>(Cols. C + D + E) |
| BATS   | 104   | 17   |  | 22  |   | 0   |                         | 39  |
| TUCO TUCOS   | 0   | 66   |  | 0   |   | 0   |                         | 66  |
|  |   |  |  |   |   |   |                         |   |
| ASSURANCE STATEMENTS   | S   |  | I  |   | I   |   |                         |   |

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| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL<br>(Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.))<br>I certify that the above is true, correct, and complete (7 U.S.C. Section 2143). |             |  |  |  |  |  |  |
|---|-------------|--|--|--|--|--|--|
|   | DATE SIGNED |  |  |  |  |  |  |