it displays a valid OMB contro collection is estimated to aver	ol number. The valid OMB cor	ntrol number for this information cluding the time for reviewing	ion collection is 0579-0036. The	to respond to, a collection of information unli time required to complete this information data sources, gathering and maintaining the o	0579-0036			
This report is required by law and to be subject to penalties	Fiscal Year 2017							
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				No. 0180-DOA-AN Product 2017 1. REGISTRATION NUMBER 21-R-0092				
ANNUAL REPORT OF RESEARCH FACILITY			registered wit	2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) NEW YORK UNIVERSITY SCHOOL OF MEDICINE DCM				
	(TYPE OR PRIN		341 EAST ROOM 108	341 EAST 25TH STREET ROOM 108 NEW YORK, NY 10010				
3. REPORTING FACILITY (Increases and increases and increas	List all locations where animal	s were housed or used in act	ual research, testing, teaching, o	r experimentation, or held for these purposes	s. Attach additional sheets, if			
		F/	ACILITY LOCATIONS (Sites)					
REPORT OF ANIMALS USE	ED BY OR UNDER CONTROL B.	L OF RESEARCH FACILITY	(Attach additional sheets, if nece D. Number of animals upon	ssary, or use APHIS FORM 7023A.)	bing F .			
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.	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.	experiments, experiments, research, surgery, or tests were g, research, , or tests were ted involving anying pain or s to the animals which riate anesthetic, c, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests were conducted involving accompanying pain or distress to the animals which riate anesthetic, c, or tranquilizing drugs would have adversely affected the procedures, results, or of the procedures producing pain or distress on the pain or distress on the procedures producing pain or distress on the pain or distress on the pain				
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	6	86	0	92			
9. Non-human Primates	0	0	0	0	0			
10. Sheep	0	0	0	0	0			
11. Pigs	0	0	7	0	7			
12. Other Farm Animals								
13. Other Animals	0	92	0	0	92			

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 04-DEC-2017

unless it displays a valid OM	IB control number. The valid C rage 2 hours per response, in	cluding the time for reviewing	formation coll	ection is 0579-0036.	The time requir	collection of information ed to complete this information hering and maintaining the data	OMB APPROVED 0579-0036
This report is required by law and to be subject to penalties			ions can result	t in an order to cease	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2017
	ATES DEPARTMENT D PLANT HEALTH IN	FOF AGRICULTURE		1. REGISTRATIC 21-R-0092			
CONTINU REPOR		 2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) NEW YORK UNIVERSITY SCHOOL OF MEDICINE DCM 341 EAST 25TH STREET ROOM 108 NEW YORK, NY 10010 					
REPORT OF ANIMALS USE		-				,	
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, gr, 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 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 hav affected the procedures, results, etation of the teaching, research, ntls, 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
SINGINGMICE	0	92		0		0	92
ASSURANCE STATEMENT	s		1		1		1

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	DATE SIGNED