| According to the Paperwork it displays a valid OMB con collection is estimated to av needed, and completing an | OMB APPROVED 0579-0036 | | | | | | | |
|--|---|---|--|---|---|--|-------------------|--|
| This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result and to be subject to penalties as provided for in Section 2150. | | | | | cease and desist | Interagency Report Control No. 0180-DOA-AN | Fiscal Year: 2018 | |
| UNITED STATES DEPARTMENT OF AGRICULTURE | | | | REGISTRATION NUMBER: 93-R-0579 | | | | |
| ANIMAL AND PLANT HEALTH INSPECTION SERVICE | | | | Customer Number: 503718 | | | | |
| ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | | | | 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code) PRECLINICAL MEDEVICE INNOVATIONS LLC 1031 Bing Street SAN CARLOS, CA 94070 Telephone: (510) 704-0140 | | | | |
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| | | | | | | | | |
| REPORT OF ANIMALS US | SED BY OR UNDER CONT | ROL OF RESEARCH FACILI | Y (Attach additio | nal sheets if r | necessary or use APHI | S FORM 7023A.) | | |
| Α. | B. Number of animals being bred, conditioned, | C. Number of animals upon which teaching, research, | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or | | experiments, researc | s upon which teaching, h, surgery, or tests were accompanying pain or distress r which the use of appropriate | F. | |
| Animals Covered By The Animal | or held for use in teaching, testing, | experiments, or tests were conducted involving no | | | anesthetic, analgesic | , or tranquilizing drugs would ted the procedures, results, or | TOTAL NUMBER OF | |
| Welfare Regulations | experiments, research, | pain, distress, or use of pain-relieving drugs. | distress to the a | nimals and | interpretation of the t | eaching, research, | ANIMALS | |
| | or surgery but not yet used for such purposes. | | for which approproproproproproproproproproproproperty and the second sec | | | , or tests. (An explanation of ucing pain or distress on these | (Cols. C + D + E) | |
| | | | tranquilizing dru used. | igs were | animals and the reas must be attached to | ons such drugs were not used this report.) | | |
| 4 Dogs | 0 | 10 | 16 | | 0 | | 26 | |
| 5 Cats | 0 | 6 | 0 | | 0 | | 6 | |
| 6 Guinea Pigs | 0 | 0 | 0 | | 0 | | 0 | |
| 7 Hamsters | 0 | 0 | 0 | | 0 | | 0 | |
| 8 Rabbits | 0 | 0 | 32 | | 0 | | 32 | |
| 9 Non-Human Primates | 0 | 0 | 0 | | 0 | | 0 | |
| 10 Sheep | 4 | 0 | 68 | | 0 | | 68 | |
| 11 Pigs | 13 | 0 | 245 | | 0 | | 245 | |
| 12 Other Animals | 0 | 0 | 1 | | 0 | | 1 | |
| Goats | 0 | 0 | 1 | | 0 | | 1 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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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. | | | | | |
|---------------------------|--|-------------|--|--|--|
| (Chief Execution Institut | 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 | | | |
| | | 30-NOV-2018 | | | |