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 number of the information collection is 0579-0036. The time required to complete this information number of the information collection is 0579-0036. The time required to complete this information needed, and completing and reviewing the collection of information.						
	(7 U.S.C. 2143). Failure to rest as provided for in Section 21		ons can result in an order to cease	e and desist Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2017	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 23-R-0017		
				ERS RESEARCH FACILITY (Name, address, and t USDA, include ZIP Code)	elephone number as	
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				FRANKLIN & MARSHALL COLLEGE P O BOX 3003		
			LANCASTE	LANCASTER, PA 17604		
3. REPORTING FACILITY (necessary.)	List all locations where animal	s were housed or used in act	ual research, testing, teaching, or	experimentation, or held for these purposes. Attach	additional sheets, if	
		F	ACILITY LOCATIONS (Sites)			
			(Attach additional sheets, if neces	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 tranguilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery, or tests were 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 explanation of the procedures producing pain or distress these animals and the reasons such drugs were not used must be attached to this report	of TOTAL NUMBER OF ANIMALS (Cols. C + D + E) on	
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	19	0	0	19	
10. Sheep	0	0	0	0	0	
11. Pigs	0	0	0	0	0	
12. Other Farm Animals						
13. Other Animals						
ASSURANCE STATEMENT	S		1	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 01-FEB-2018