it displays a valid OMB contro collection is estimated to ave	ol number. The valid OMB co	ntrol number for this informati cluding the time for reviewing	ion collection is	0579-0036. The ti	me required to c	collection of information unless omplete this information tering and maintaining the data	C	B APPROVED 0579-0036 .: 10/31/2018
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 and to be subject to penalties as provided for in Section 2150. Interagency Report Control No. 0180-DOA-AN					Fiscal Year 2016			
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 16-R-0001				
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) YALE UNIVERSITY OFFICE OF RESEARCH ADMIN PO BOX 208327 NEW HAVEN, CT 06520				
3. REPORTING FACILITY (necessary.)	List all locations where animal	s were housed or used in act	tual research, t	esting, teaching, or	experimentation	, or held for these purposes. Attacl	additiona	I sheets, if
		F	ACILITY LOC	ATIONS (Sites)				
YALE UNIVERSITY YALE ANIMAL RESOUR	CES CENTER							
REPORT OF ANIMALS USE	ED BY OR UNDER CONTROL	OF RESEARCH FACILITY	(Attach additio	nal sheets, if neces	sary, or use APH	HS 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.		experime conducte distress t appropria tranquilizi affected t interpreta experime of the pro these ani	of animals upon which teaching, nts, research, surgery, or tests wen d involving accompanying pain or o the animals and for which the use te anesthetic, analgesic, or ng drugs would have adversely he procedures, results, or tion of the teaching, research, nts, surgery, or tests. (An explanati cedures producing pain or distress mals and the reasons such drugs used must be attached to this repo	on on	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0		24		0		24
5. Cats	0	0	0			0		0
6. Guinea Pigs	0	8		12		0		20
7. Hamsters	0	60		10		477		547
8. Rabbits	0	0		16		2		18
9. Non-human Primates	15	96		66		0		162
10. Sheep	0	0	0			0		0
11. Pigs	0	3	66		66 0			69
12. Other Farm Animals								
13. Other Animals	18	353		1		0		354
ASSURANCE STATEMENT	Ś							

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).						
SIGNATURE OF C.E.O. OR I.O.	NAME AND TITLE OF C.E.O. OR I.O. (Type or Print) PAMELA CAUDILL INSTITUTIONAL OFFICIAL	DATE SIGNED 07-APR-2020				

unless it displays a valid OM collection is estimated to ave	IB control number. The valid (cluding the time for reviewing	formation coll	ection is 0579-0036.	. The time requir	collection of information ed to complete this information pering and maintaining the data	OMB APPROVED 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 Interagency Report Control No. 0180-DOA-AN No. 0180-DOA-AN				Fiscal Year 2016			
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 16-R-0001			
REPOR	T OF RESEAR (TYPE OR PRIN			with USDA, inc YALE UNI\ OFFICE OI PO BOX 20 NEW HAVE	llude ZIP Code) /ERSITY F RESEARCH 08327 EN, CT 06520		telephone number as registered
		L OF RESEARCH FACILITY				,	
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.		experime were con pain or di which the analgesic adversely or interpr experime of the pro on these	f animals upon which teaching, nts, research, surgery, or tests ducted involving accompanying stress to the animals and for use of appropriate anesthetic, , or tranquilizing drugs would haw affected the procedures, results, teation of the teaching, research, nts, surgery, or tests. (An explana cedures producing pain or distres animals and the reasons such dru used must be attached to this rep	tion s gs
OPOSSUM	18	61	1			0	62
THIRTEEN LINED GROUND 0		292		0		0	292
ASSURANCE STATEMENT		-					
		care, treatment, and use of an imentation were followed by t			of anesthetic, and	Ilgesic, and tranquilizing drugs, pr	ior to, during, and following

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).							
SIGNATURE OF C.E.O. OR I.O.	NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)	DATE SIGNED					
	PAMELA CAUDILL						
	INSTITUTIONAL OFFICIAL	07-APR-2020					