| it displays a valid OMB contro<br>collection is estimated to ave     | ol number. The valid OMB co   | ntrol number for this information<br>cluding the time for reviewing ir                                     | or, and a person is not required<br>n collection is 0579-0036. The<br>nstructions, searching existing of   | time required to c   | complete this information  | OMB APPROVED<br>0579-0036<br>Exp.: 10/31/2018         |  |  |
|--|---|--|--|--|--|---|--|--|
| This report is required by law                                       | This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result<br>and to be subject to penalties as provided for in Section 2150.      |  |  |  | Interagency Report Control<br>No. 0180-DOA-AN  | Fiscal Year 2017                                      |  |  |
| UNITED ST<br>ANIMAL AN   |   | 1. REGISTRATION NUMBER<br>58-R-0001  |  |  |  |   |  |  |
| 2.   |   |  |  | <ol> <li>HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as<br/>registered with USDA, include ZIP Code)</li> </ol>           |  |   |  |  |
| ANNUAL RE  | LAB ANML  | FLORIDA STATE UNIVERSITY<br>107 Chieftan Way<br>LAB ANML RSCS 101 BIOMED RSCH FAC<br>TALLAHASSEE, FL 32306 |  |  |  |   |  |  |
| 3. REPORTING FACILITY (<br>necessary.)                               | List all locations where animal   |  |  | r experimentation  | , or held for these purposes. Attach   | additional sheets, if                                 |  |  |
| FACILITY LOCATIONS (Sites)   |   |  |  |  |  |   |  |  |
| REPORT OF ANIMALS USE  | D BY OR UNDER CONTROL   | OF RESEARCH FACILITY (A  | Attach additional sheets, if nece  | ssary, or use API  | HIS FORM 7023A.)   |   |  |  |
| <b>A.</b><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. |  | 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<br>experime<br>conducte<br>distress t<br>appropria<br>tranquiliz<br>affected t<br>interpreta<br>experime<br>of the pro<br>these ani | of animals upon which teaching,<br>of animals upon which teaching,<br>nths, research, surgery, or tests were<br>d involving accompanying pain or<br>o the animals and for which the use<br>atteanesthetic, analgesic, or<br>ing drugs would have adversely<br>the procedures, results, or<br>attion of the teaching, research,<br>nths, surgery, or tests. (An explanatic<br>occedures producing pain or distress of<br>imals and the reasons such drugs<br>used must be attached to this report | of<br>TOTAL NUMBER<br>OF ANIMALS<br>(Cols. C + D + E) |  |  |
| 4. Dogs  | 0   | 0  | 0  |  | 0  | 0   |  |  |
| 5. Cats  | 0   | 0  | 0  |  | 0  | 0   |  |  |
| 6. Guinea Pigs   | 0   | 0  | 0  |  | 0  | 0   |  |  |

| 5. 0413                            | -   | -   | -   | - | -    |
|------------------------------------|-----|-----|-----|---|------|
| 6. Guinea Pigs                     | 0   | 0   | 0   | 0 | 0    |
| 7. Hamsters                        | 0   | 0   | 40  | 0 | 40   |
| 8. Rabbits                         | 0   | 1   | 0   | 0 | 1    |
| 9. Non-human Primates              | 0   | 0   | 0   | 0 | 0    |
| 10. Sheep                          | 0   | 0   | 0   | 0 | 0    |
| 11. Pigs                           | 0   | 0   | 0   | 0 | 0    |
| 12. Other Farm Animals             |     |     |     |   |      |
|                                    |     |     |     |   |      |
| 13. Other Animals                  | 174 | 668 | 494 | 0 | 1162 |
|                                    |     |     |     |   |      |
|                                    |     |     |     |   |      |
|                                    |     |     |     |   |      |
| 11. Pigs<br>12. Other Farm Animals | 0   | 0   | 0   | 0 | 0    |

## 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 14-MAR-2018

| unless it displays a valid OM   | rage 2 hours per response, in   | OMB control number for this in<br>cluding the time for reviewing   | formation coll   | ection is 0579-0036.   | . The time requir  | collection of information<br>ed to complete this information<br>hering and maintaining the data  |                         | OMB APPROVED<br>0579-0036                             |
|---|---|--|--|--|--|--|-------------------------|---|
| This report is required by law<br>and to be subject to penalties                |   |  | ons can result   | in an order to ceas  | e and desist   | Interagency Report Control<br>No. 0180-DOA-AN  | Fis                     | cal Year 2017   |
|   | ATES DEPARTMENT<br>D PLANT HEALTH IN  |  |  | 1. REGISTRATIO<br>58-R-0001  |  |  | _                       |   |
| CONTINUATION SHEET FOR ANNUAL<br>REPORT OF RESEARCH FACILITY<br>(TYPE OR PRINT) |   |  |  | 2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered<br>with USDA, include ZIP Code)<br>FLORIDA STATE UNIVERSITY<br>107 Chieftan Way<br>LAB ANML RSCS 101 BIOMED RSCH FAC<br>TALLAHASSEE, FL 32306 |  |  |                         |   |
| REPORT OF ANIMALS USE   | D BY OR UNDER CONTROL   |  |  |  |  | ,  |                         |   |
| 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>accom<br>or distr<br>animals<br>which a<br>anesth | r of animals upon<br>experiments,<br>g, research,<br>r, or tests were<br>ted involving<br>boanying pain<br>eses to the<br>s and for<br>appropriate<br>etic, analgesic, or<br>lizing drugs were                                     | experime<br>were con<br>pain or d<br>which the<br>analgesic<br>adversely<br>or interpr<br>experime<br>of the pro<br>on these | of animals upon which teaching,<br>ints, research, surgery, or tests<br>ducted involving accompanying<br>istress to the animals and for<br>use of appropriate anesthetic,<br>c, or tranquilizing drugs would hav<br>affected the procedures, results,<br>etation of the teaching, research,<br>ntls, surgery, or tests. (An explana<br>ocedures producing pain or distres<br>animals and the reasons such dru<br>used must be attached to this rep | e<br>ation<br>ss<br>ugs | F.<br>TOTAL NUMBER<br>OF ANIMALS<br>(Cols. C + D + E) |
| PRAIRIE VOLES   | 174   | 668  |  | 494  |  | 0  |                         | 1162  |
|   |   |  |  |  |  |  |                         |   |
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| ASSURANCE STATEMENT   | <br>s   |  |  |  |  |  |                         |   |
|   | -   |  |  |  |  |  |                         |   |

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|---|-------------|--|--|--|--|--|
|   | DATE SIGNED |  |  |  |  |  |