it displays a valid OMB co collection is estimated to a	ntrol number. The valid OM	B control number for this inform e, including the time for review	nation collection is	s 0579-0036.	The time required to c	collection of information unless omplete this information hering 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 and to be subject to penalties as provided for in Section 2150.				in an order to	cease and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year: 2018
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				REGISTRATION NUMBER: 33-R-0067 Customer Number: 575			
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)			2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code) NORTHERN ILLINOIS UNIVERSITY RESEARCH AND INNOVATION PARTNERSHIPS 301 LOWDEN HALL DE KALB, IL 60115 Telephone: (815) 753-8588				
REPORT OF ANIMALS U	ISED BY OR UNDER CONT	ROL OF RESEARCH FACILI	FY (Attach additic	onal sheets if	necessary or use APH	S FORM 7023A.)	
A. Animals Covered By The Animal	B. Number of animals being bred, conditioned, or held for use in teaching, testing,	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain distress or use of	D. Number of a upon which exp teaching, resea surgery, or test conducted invo accompanying	beriments, urch, s were Iving	experiments, researd conducted involving to the animals and for anesthetic, analgesid	s upon which teaching, th, surgery, or tests were accompanying pain or distress r which the use of appropriate , or tranquilizing drugs would ted the procedures, results, or	F. TOTAL NUMBER OF

Animals Covered By The Animal Welfare Regulations	being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	to the animals and for which the use of 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 on these animals and the reasons such drugs were not used must be attached to this report.)	TOTAL NUMBER OF ANIMALS (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
7 Hamsters	0	0	0	0	0
8 Rabbits	3	0	16	0	16
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 Animals	1,160	867	56	0	923
Prairie Voles	1,160	867	56	0	923

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 (Chief Execution) Institut	FICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL utive Officer (C.E.O.) or Legally Responsible ional Official (I.O.)) I certify that the above is true, and complete (7 U.S.C. Section 2143).	
		DATE SIGNED
		26-OCT-2018