it displays a valid OMB contro	ol number. The valid OMB co rage 2 hours per response, in	ntrol number for this informatic	sor, and a person is not required t on collection is 0579-0036. The ti instructions, searching existing da	me required to c	complete this information	OMB APPROVED 0579-0036 Exp.: 10/31/2018	
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.			ons can result in an order to ceas	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2016	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 74-R-0040			
				ERS RESEARC USDA, include	H FACILITY (Name, address, and tele ZIP Code)	phone number as	
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)			DFFICE OF P.O. BOX 4 DENTON, <sup>2</sup>	Texas Womans University OFFICE OF RES & SPONSORED PROGRAMS P.O. BOX 425619 DENTON, TX 76204 Jesting, teaching, or experimentation, or held for these purposes. Attach additional sheets, if			
<ol> <li>REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets, if necessary.)</li> <li>FACILITY LOCATIONS (Sites)</li> </ol>							
REPORT OF ANIMALS USE	REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, 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 tranquilizing drugs were used.	experime conducte distress t appropria tranquiliz affected interpreta experime of the pro these an	of animals upon which teaching, ents, research, surgery, or tests were d involving accompanying pain or to the animals and for which the use of ate anesthetic, analgesic, or ing drugs would have adversely the procedures, results, or ation of the teaching, research, ents, surgery, or tests. (An explanation ocedures producing pain or distress or imals and the reasons such drugs 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	0	0	0		0	0	
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							

## 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 09-NOV-2016