it displays a valid OMB control	ol number. The valid OMB cor rage 2 hours per response, inc	ntrol number for this information	sor, and a person is not required to on collection is 0579-0036. The ti instructions, searching existing da	me required to co	omplete this information	OMB APPROVED 0579-0036 Exp.: 10/31/2018					
This report is required by law and to be subject to penalties	ons can result in an order to cease	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2015							
UNITED ST ANIMAL ANI		1. REGISTRATION NUMBER 11-R-0002									
				ERS RESEARCH USDA, include 2	I FACILITY (Name, address, and ten IP Code)	ephone number as					
ANNUAL RE		MAINE MEDICAL CENTER									
	81 RESEAF	81 RESEARCH DRIVE									
			SCARBOR	SCARBOROUGH, ME 04074							
3. 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.)											
FACILITY LOCATIONS (Sites)											
	D BY OR UNDER CONTROL		Attach additional sheets, if neces	sary, or use APH	IS 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.	experimer conducted distress to appropriat tranquilizir affected th interpretat experimer of the proo these anin	i animals upon which teaching, ts, research, surgery, or tests were involving accompanying pain or the animals and for which the use of e anesthetic, analgesic, or g drugs would have adversely the procedures, results, or ion of the teaching, research, its, surgery, or tests. (An explanation cedures producing pain or distress o mals 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	20	20 0		20					
12. Other Farm Animals											
13. Other Animals	0	359	0		0	359					
ASSURANCE STATEMENTS	۱ <u> </u>			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 18-NOV-2015

unless it displays a valid OM collection is estimated to ave	1B control number. The valid C	OMB control number for this in cluding the time for reviewing	sor, and a person is not required formation collection is 0579-0036 instructions, searching existing d	. The time requir	red to complete this information	OMB APPROVED 0579-0036		
This report is required by law and to be subject to penalties	Fiscal Year 2015							
	ATES DEPARTMENT D PLANT HEALTH IN		44 D 000	No. 0180-DOA-AN Fiscal Year 2015 1. REGISTRATION NUMBER 11-R-0002				
CONTINU REPOR	L with USDA, in MAINE ME 81 RESEA	2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) MAINE MEDICAL CENTER 81 RESEARCH DRIVE SCARBOROUGH, ME 04074						
			(Attach additional sheets if neces	-	,			
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 cor pain or d which th analgesi adversel or interpi experime of the pri on these	of animals upon which teaching, ants, research, surgery, or tests diducted involving accompanying istress to the animals and for e use of appropriate anesthetic, c, or tranquillizing drugs would haw y affected the procedures, results, retation of the teaching, research, ents, surgery, or tests. (An explana ocedures producing pain or distres animals and the reasons such dru used must be attached to this rep	tion s igs		
SHORT-TAILED SHREV	N O	24	0		0	24		
SOUTHERN FLYING SQUIRREL 0		7	0		0	7		
WHITE FOOT MOUSE	0	182	0		0	182		
RED-BACK VOLE	0	104	0		0	104		
CHIPMUNK	0	23	0		0	23		
MASKED SHREW	0	2	0		0	2		
RED SQUIRREL	0	8	0	0		8		
MEADOW VOLE	0	9	0		0	9		
ASSURANCE STATEMENT	S							

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								