



Inspection Report

Abbvie
1 N Waukegan Rd
North Chicago, IL 60064

Customer ID: **328983**
Certificate: **33-R-0152**
Site: 001
ABBVIE

Type: ROUTINE INSPECTION
Date: 01-JUN-2017

No non-compliant items identified during this inspection.

This inspection and exit briefing was conducted with facility representatives.

Prepared By:

BARKSDALE DAWN, D V M USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER 1062

Date:
01-JUN-2017

Received By:

CHRIS MEDINA, DVM, DACLAM, DIRECTOR

Title: SENT BY EMAIL

Date:
01-JUN-2017



Cust No	Cert No	Site	Site Name	Inspection
328983	33-R-0152	001	ABBVIE	01-JUN-17

Count	Species
000019	DOMESTIC RABBIT / EUROPEAN RABBIT
000224	CRAB-EATING MACAQUE / LONG-TAILED MACAQUE / CYNOMOLGUS MONKEY
000318	DOG ADULT
000561	Total



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1 N Waukegan Rd
North Chicago, IL 60064

Customer ID: **328983**
Certificate: **33-R-0152**
Site: 001
ABBVIE

Type: ROUTINE INSPECTION
Date: 06-JUN-2018

No non-compliant items identified during this inspection.

This inspection and exit interview was conducted with facility representatives.

Prepared By:

BARKSDALE DAWN, D V M USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER 1062

Date:
06-JUN-2018

Received By:

CHRIS MEDINA, DVM, DACLAM, DIRECTOR

Title: SENT BY EMAIL

Date:
06-JUN-2018



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
328983	33-R-0152	001	ABBVIE	06-JUN-18

Count	Scientific Name	Common Name
000324	<i>Canis lupus familiaris</i>	DOG ADULT
000183	<i>Macaca fascicularis</i>	CRAB-EATING MACAQUE / CYNOMOLGUS MONKEY
000010	<i>Macaca mulatta</i>	RHESUS MACAQUE
000002	<i>Oryctolagus cuniculus</i>	DOMESTIC RABBIT / EUROPEAN RABBIT
000519	Total	



Inspection Report

Abbvie
1 N Waukegan Rd
North Chicago, IL 60064

Customer ID: **328983**
Certificate: **33-R-0152**
Site: 001
ABBVIE

Type: FOCUSED INSPECTION
Date: 30-MAY-2019

No non-compliant items identified during this inspection.

This inspection and exit briefing was conducted with facility representatives.

Prepared By:

BARKSDALE DAWN, D V M USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER 1062

Date:
30-MAY-2019

Received By:

CHRIS MEDINA, DVM, DACLAM, DIRECTOR

Title: SENT BY EMAIL

Date:
30-MAY-2019



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
328983	33-R-0152	001	ABBVIE	30-MAY-19

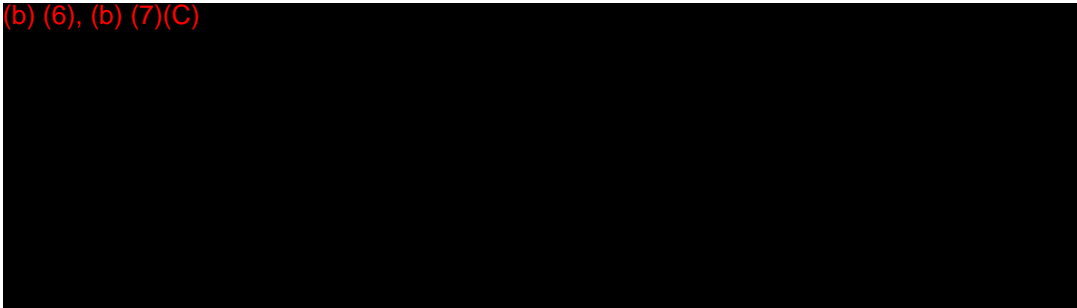
No Animals were Inspected.

Count	Scientific Name	Common Name
000000	NONE	NONE
000000	Total	

From: [Medina, Christopher L](#)
To: [Barksdale, Dawn E - APHIS](#)
Subject: RE: USDA inspection
Date: Thursday, May 30, 2019 11:04:53 PM
Attachments: [image002.png](#)
[image003.png](#)

Thanks for the report Dawn. Will catch you next time! Chris

(b) (6), (b) (7)(C)



AbbVie Way Ambassador



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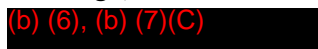
From: Barksdale, Dawn E - APHIS <dawn.e.barksdale@usda.gov>
Sent: Thursday, May 30, 2019 5:54 PM
To: Medina, Christopher L <Chris.Medina@abbvie.com>
Subject: [EXTERNAL] USDA inspection

Dr. Medina,

Sorry I missed you today but hope you are doing well. I am forwarding a copy of the inspection report for your review. There were no non-compliant items identified during the inspection. Once you have reviewed the report, your response to this email will serve as your signature. If you have any further questions, please let me know.

Dawn Barksdale, DVM
Veterinary Medical Officer
dawn.e.barksdale@aphis.usda.gov
920 Main Campus Drive, Ste 200
Raleigh, NC 27606

(b) (6), (b) (7)(C)



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Research Facility Protocol Selection Worksheet ^{*}

Legal Name : ABBVIE

Customer Number: 328983 Certificate Number: 33R0152

Inspection Date: 05/30/19 Site Number: 001

Inspector: DAWN BARKSDALE, VMO

Reasons Protocols Were Selected for Review :	How Many Protocols Were Selected
1. Protocols identified during inspection of concern (select all)	0
2. Column E protocols (select all)	0
3. Protocols with IACUC-approved exemptions/exceptions (select all)	1
4. Protocols cited as noncompliant and not corrected during the last inspection (select all)	0
5. Additional Protocols Selected: a. If <5 remaining protocols, select all remaining: b. If >5 remaining protocols, select 5 additional protocols: 1) Protocol for each regulated species and/or, 2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):	4
Total Protocols Selected and Reviewed	5

*Note: Protocol selection guidance applies to protocols which have been initially approved, or have had significant changes approved, since the last inspection. For protocols reviewed by an Animal Care Veterinary Medical Officer within the last year, professional judgment should be used in determining whether another review is necessary.

EXPIRATION DATE: FEBRUARY 07, 2022



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

ABBVIE

This is to certify that

CLASS R RESEARCH FACILITY

is a registered
under the

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

33-R-0152

Certificate No.

328983

Customer No.

A handwritten signature in black ink, appearing to be "B. J. [unclear]".

Deputy Administrator

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036
FORM APPROVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

USDA USE ONLY

Applicant should send completed form to this address.
USDA APHIS ANIMAL CARE
EASTERN
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

CERTIFICATE NO./CUST NO:

33-R-0152

328983

RENEWAL DATE

7-Feb-2019

7 FEB 2022

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

Abbvie
1 N Waukegan Rd
North Chicago, IL 60064

COUNTY: Lake TELEPHONE (847) 935 - 4766

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES
(Use additional sheets if necessary)

1 N Waukegan Rd
Buildings Ap13 Ap13a Ap3
North Chicago, IL 60064
County: Lake

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT

RESEARCH, TESTS, OR EXPERIMENTS

☐ Yes ☒ No

6. TYPE OF REGISTRATION:

☐ Class E - Exhibitor ☐ Class H - Intermediate Handler
☐ Class R - Research Facility ☐ Class T - Carrier

7. FEDERAL FUND TYPES:

☐ Award ☐ Contract ☐ Grant ☐ Loan

8. TYPE OF ORGANIZATION:

☐ Partnership ☐ Corporation ☐ Individual
☐ Other (Specify)

9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)
RICHARD A. GONZALES	CEO	1 WAUKEGAN RD, NORTH CHICAGO IL 60064
DONNA J. CLEMONS	INSTITUTIONAL OFFICIAL	1 WAUKEGAN RD, NORTH CHICAGO IL 60064

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq, and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. SIGNATURE (b) (6), (b) (7)(C)	11. NAME AND TITLE (Type or Print) Donna Clemons, IO	12. DATE SIGNED 26 Feb 2019
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ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011
(FEB 2009)

27 FEB 2019

01 MAR 2019

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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 and to be subject to penalties as provided for in Section 2150.

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-0152

Customer Number 328983

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code)
ABBVIE

1 N WAUKEGAN RD
NORTH CHICAGO, IL 60064
Telephone: (847) 935-4766

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

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.	E. Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress 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.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4 Dogs	24	332	181	6	519
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	22	0	22
9 Non-Human Primates	30	76	44	0	120
10 Sheep	0	0	0	0	0
11 Pigs	0	0	0	0	0
12 Other 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

20-NOV-2018

Column E Explanation

This form is intended as an aid to complete the Column E explanation. It is not an official form and its use is voluntary. Annual Reports and explanations should NOT include PII information such as names (principle investigators and research staff), addresses, protocols, meeting notes (either in part or in full), the animals room numbers, grant information, veterinary care programs, and the like. A Column E explanation must be written so as to be understood by lay person as well as scientists.

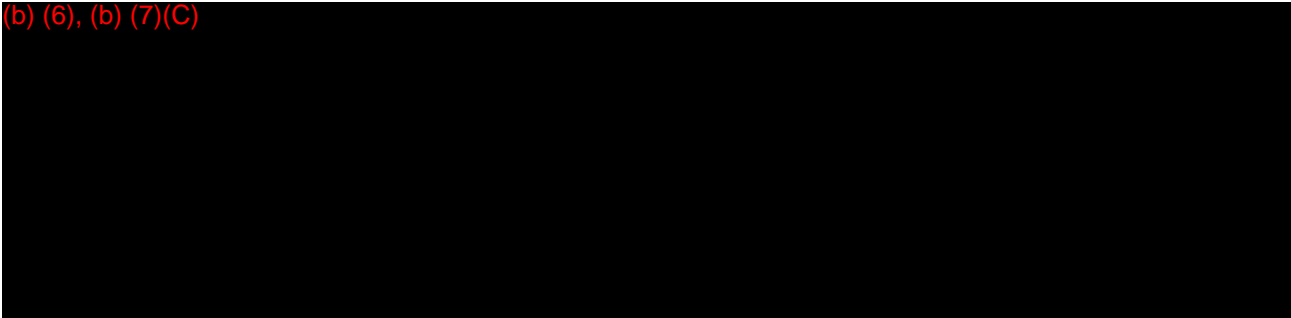
1. Registration Number: 33-R-0152

2. Number 6 of animals used in this study.

3. Species (common name) Dog of animals used in this study.

4. Explain the procedure producing pain and/or distress. Explanations should include a brief description of the procedure, but also explain what the animal's experience, examples of which may include, but are not limited to: Neurological signs, seizures, tremors, paralysis, lethargy, inappetance, respiratory signs, GI distress, vomiting, and diarrhea.

(b) (6), (b) (7)(C)



6. What, if any, federal regulation require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g. APHIS, 9 CFR 113.102):

Agency APHIS CFR 21 CFR 314.50(d)(2) & 21 CFR 312.23(a)(8)(ii)
