it displays a valid OMB contro collection is estimated to aver	ol number. The valid OMB cor	ntrol number for this information cluding the time for reviewing	on collection is 0579-0036. The ti	o respond to, a collection of information unless ime required to complete this information ata sources, gathering and maintaining the data	OMB APPROVED 0579-0036 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 in an order to cease and desist and to be subject to penalties as provided for in Section 2150. No. 0180-DOA-AN							
UNITED ST	ATES DEPARTMENT D PLANT HEALTH IN	OF AGRICULTURE		1. REGISTRATION NUMBER 14-R-0017				
				ERS RESEARCH FACILITY (Name, address, and n USDA, include ZIP Code)	telephone number as			
ANNUAL RE	PORT OF RES (TYPE OR PRIN			BOSTON UNIVERSITY 5 CUMMINGTON MALL				
· · · · ·			BOSTON,	MA 02115				
3. REPORTING FACILITY (Innecessary.)	List all locations where animal	s were housed or used in acti	ual research, testing, teaching, or	experimentation, or held for these purposes. Attac	h additional sheets, if			
		F	ACILITY LOCATIONS (Sites)					
(b)(7)(F)								
REPORT OF ANIMALS USE	D BY OR UNDER CONTROL	OF RESEARCH FACILITY	(Attach additional sheets, if neces	sary, or use APHIS FORM 7023A.)				
A.	B. Number of animals	C. Number of animals	 Number of animals upon which experiments, teaching, research, 	E. Number of animals upon which teaching, experiments, research, surgery, or tests we conducted involving accompanying pain or				
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.	upon which teaching, research, 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.	distress to the animals and for which the us appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanal of the procedures producing pain or distress these animals and the reasons such drugs were not used must be attached to this repo	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)			
4. Dogs	0	0	0	0	0			
5. Cats	0	0	4	0	4			
6. Guinea Pigs	0	0	0	0	0			
7. Hamsters	0	Ō	0	0	0			
8. Rabbits	0	0	28	0	28			
9. Non-human Primates	0	0	55	0	55			
10. Sheep	0	0	0	0	0			
11. Pigs	0	0	5	0	5			
12. Other Farm Animals								
13. Other Animals	0	355	288	0	643			
<u> </u>								

ASSURANCE STATEMENTS

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).

SIGNATURE OF C.E.O. OR I.O.

(b)(7)(c)

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

DATE SIGNED 19-AUG-2015

JUL 2013

unless it displays a valid OM	B control number. The valid C rage 2 hours per response, in	OMB control number for this in cluding the time for reviewing	sor, and a person is not required formation collection is 0579-003/ instructions, searching existing of	The time require	red to complete this 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 Interagency Report Control No. 0180-DOA-AN No. 0180-DOA-AN						Fiscal Year 2013					
	ATES DEPARTMENT D PLANT HEALTH IN		1. REGISTRAT 14-R-001								
	ATION SHEET T OF RESEAR (TYPE OR PRIN	CH FACILITY	L with USDA, in BOSTON 5 CUMMII	 2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) BOSTON UNIVERSITY 5 CUMMINGTON MALL BOSTON, MA 02115 							
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)											
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 ducted involving accompanying istress to the animals and for e use of appropriate anesthetic, c, or tranquilizing drugs would hav y affected the procedures, results, retation of the teaching, research, ants, surgery, or tests. (An explana ocedures producing pain or distres animals and the reasons such dru used must be attached to this rep	(Cols. C + D + E)					
BATS	0	269	0		0	269					
FERRETS	0	44	0		0	44					
GERBILS	0	42	15		0	57					
CHINCHILLAS	0	0	273		0	273					
ASSURANCE STATEMENTS	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).								
(6), (b)(7)(c)				DATE SIGNED				