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 Exp. 10/31/2018	
This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in a and to be subject to penalties as provided for in Section 2150.					e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013	
UNITED ST ANIMAL AN	1. REGISTRATION NUMBER 15-R-0002							
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) RHODE ISLAND HOSPITAL MIDDLE HOUSE 4TH AND 5TH				
3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testin					PROVIDENCE, RI 02903			
necessary.) FACILITY LOCATIONS (Sites)								
(b)(7)(F)								
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.		experin conduc distress approp tranqui affecte interpre experin of the p these a	r of animals upon which teaching, nents, research, surgery, or tests were ted involving accompanying pain or to the animals and for which the use of riate anesthetic, analgesic, or izing drugs would have adversely if the procedures, results, or tation of the teaching, research, nents, surgery, or tests. (An explanation rocedures producing pain or distress on nimals and the reasons such drugs of 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	55	0	386		0		386	
9. Non-human Primates	0	0	0			0	0	
10. Sheep	0	0	0		0		0	
11. Pigs	1	0	47		0		47	
12. Other Farm Animals			13 17					
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).

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

b)(6), (b)(7)(c)

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

DATE SIGNED 09-DEC-2013

JUL 2013