

This report is required by law (7 USC 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 211.

See attached form for additional information.

Interagency Report Control No.:

| | | |
|---|---|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 47-F-0002 CUSTOMER NUMBER: 1555 | FORM APPROVED OMB NO. 0579-0036 |
| | Usda, Sea Ag. Res. P.O. Box 166 Clay Center, NE 68933 Telephone: (402) -762-4109 | |

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

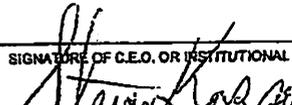
FACILITY LOCATIONS (Sites) - See Attached Listing

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 animal 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 in these animals and the reason such drugs were not used must be attached to this report) | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|--|---|---|--|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primates | | | | | |
| 10. Sheep | 0 | 10,890 | 33 | 0 | 10,923 |
| 11. Pigs | 0 | 6,354 | 428 | 0 | 6,782 |
| 12. Other Farm Animals | | | | | |
| Cattle | 0 | 16,681 | 174 | 0 | 16,855 |
| 13. Other Animals | | | | | |
| Mice | 21 | 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, 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| | | |
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| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) | | |
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL  | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) Steven M. Kappes Center Director | DATE SIGNED 11/19/03 |

| | | | |
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| UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL RESEARCH SERVICE ANNUAL REPORT OF RESEARCH FACILITY (Required for Each Reporting Facility Where Farm Animals are Held) | 1. DATE OF REPORT | 11-7-03 | ARS FORM 605 |
| | 2. HEADQUARTERS RESEARCH FACILITY (Name & Address) | | |
| USDA, ARS, Northern Plains Area Roman L. Hruska U.S. Meat Animal Research Center P. O. Box 166, State Spur 18D Clay Center, NE 68933-0166 | | | |
| INSTRUCTIONS Reporting Facility - complete items 1 through 30 and submit to your Headquarters Facility. Attach additional sheets if necessary. Headquarters Facility - complete items 31 through 33 and submit on or before December 1 of each year for the preceding Federal fiscal year (October 1 to September 30) to Animal Care Office USDA-ARS-NPS, Room 105, Bldg. 002, Beltsville, Maryland 20705. | | | |
| 3. REPORTING FACILITY (Name & Address) | | | |
| (same as above) | | | |

| REPORT OF FARM ANIMALS USED IN ACTUAL RESEARCH, TESTING, OR EXPERIMENTATION INCLUDING PRODUCTION RESEARCH | | | | | |
|---|--------------------------------|--|--|---|---|
| A. Farm Animals | B. New Animals Added this Year | C. Number of animals used in research, experiments, or tests involving no pain or distress | D. research, experiments, or tests where appropriate anesthetic, analgesic, or tranquilizer drugs were administered to avoid pain or distress. | E. research, experiments, or tests involving pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer drugs. (Attach brief explanation.) | F. TOTAL NO. of Animals (Cols. C + D + E) |
| 4. Cattle | 5,605 | 16,681 | 174 | | 16,855 |
| 5. Swine | 7,693 | 6,354 | 428 | | 6,782 |
| 6. Sheep | 5,014 | 10,890 | 33 | | 10,923 |
| 7. Goats | | | | | |
| 8. Horses | | | | | |
| 9. Chickens | | | | | |
| 10. Turkeys | | | | | |
| 11. Quail | | | | | |
| 12. Pheasants | | | | | |
| 13. Other Avian Species (Specify) | | | | | |
| 14. Mice | 0 | 21 | 0 | | 21 |
| 15. | | | | | |

CERTIFICATION BY ATTENDING VETERINARIAN FOR REPORTING FACILITY OR INSTITUTIONS COMMITTEE
 I (We) hereby certify that the type and amount of analgesic, anesthetic, and tranquilizing drugs used on animals during actual research, testing or experimentation including post-operative and post-procedural care were deemed appropriate to relieve pain and distress for the subject animal.

| | | |
|---|----------------------------------|-----------------|
| 16. SIGNATURE OF ATTENDING VETERINARIAN | 17. TITLE | 18. DATE SIGNED |
| <i>Robert M. Waldman</i> | Interim Herd Health Veterinarian | 11/12/03 |
| 19. SIGNATURE OF COMMITTEE MEMBER | 20. TITLE | 21. DATE SIGNED |
| <i>Merrell C. Carter</i> | Research Physiologist | 11-10-03 |
| 22. SIGNATURE OF COMMITTEE MEMBER | 23. TITLE | 24. DATE SIGNED |
| <i>Robert F. Wallat</i> | Research Physiologist | 11/12/03 |
| 25. SIGNATURE OF COMMITTEE MEMBER | 26. TITLE | 27. DATE SIGNED |
| <i>Wade J. Smith</i> | Operations Assistant Cattle | 11-12-03 |
| 28. SIGNATURE OF COMMITTEE MEMBER | 29. TITLE | 30. DATE SIGNED |
| <i>Debra J. Jordan</i> | Ag. Res. Tech. 1, Swine | 11-12-03 |

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
 I certify that the above is true, correct, and complete and that professionally acceptable standards governing the care, treatment, and use of farm animals including appropriate use of anesthetic, analgesic, and tranquilizing drugs during actual research, testing, or experimentation including post-operative and post-procedural care are being followed by the above research facilities or sites.

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| 31. SIGNATURE OF RESPONSIBLE OFFICIAL | 32. TITLE | 33. DATE SIGNED |
| <i>William Ruffin</i> | Director, US Meat Animal Res. Ctr. | 11/19/03 |

IACUC Member Contact Listing

ARS Form 606

| Member Name | Title | Committee |
|-------------------------|---------------------------|--------------------------------------|
| Dr. Patrick Wahlmeier | D.V.M. | Interim Herd Health Veterinarian |
| Dr. Sherrill Echtenkamp | Research Physiologist | Animal Care and Use Committee (MARC) |
| Mr. Sam Townsend | | Animal Care and Use Committee (MARC) |
| Dr. Jeff Vallet | Research Physiologist | Animal Care and Use Committee (MARC) |
| Mr. Wade Smith | Operations Assist. Cattle | Animal Care and Use Committee (MARC) |
| Ms. Debra Loudon | Ag. Res. Tech. 1, Swine | Animal Care and Use Committee (MARC) |
| Mr. Keith Corwin | Ag. Res. Tech. 1, Sheep | Animal Care and Use Committee (MARC) |

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| United States Department of Agriculture Agricultural Research Service ANNUAL REPORT OF RESEARCH FACILITY (Required For Each Reporting Facility Where <u>Farm Animals</u> Are Held) | 1 DATE OF REPORT October 15, 2004 | ARS TEMPORARY FORM 85 - 88 |
| | 2 HEADQUARTERS RESEARCH FACILITY (Name & Address) USDA, ARS, Northern Plains Area Roman L. Hruska U.S. Meat Animal Res. Ctr. P. O. Box 166; State Spur 18D Clay Center, NE 68933-0166 | |
| INSTRUCTIONS Reporting Facility - complete items 1 through 30 and submit to your Headquarters Facility. Attach additional sheets if necessary. Headquarters Facility - complete items 31 through 33 and submit on or before December 1 of each year for the preceding Federal fiscal year (October 1 to September 30) to Dr. Robert Heckert, USDA-ARS-NPS, GWCC 4-2176 -Beltsville, Maryland 20705-5138. | 3 REPORTING FACILITY (Name & Address) (Same as above) | |

| REPORT OF FARM ANIMALS USED IN ACTUAL RESEARCH, TESTING, OR EXPERIMENTATION INCLUDING PRODUCTION RESEARCH | | | | | |
|---|--------------------------------|---|--|---|--|
| A. Farm Animals | B. New Animals Added this Year | C. Number of animals used in research, experiments, or tests involving no pain or distress. | D. Research, experiments, or tests where appropriate anesthetic, analgesic, or tranquilizer drugs were administered to avoid pain or distress. | E. Research, experiments, or tests involving pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer drugs. (Attach brief explanation.) | F. TOTAL NO. of Animals (Cols C + D + E) |
| 4 Cattle | 5503 | 17424 | 136 | | 17560 |
| 5 Swine | 6506 | 5896 | 642 | | 6538 |
| 6 Sheep | 4972 | 10790 | 64 | | 10854 |
| 7 Goats | | | | | |
| 8 Horses | | | | | |
| 9 Chickens | | | | | |
| 10 Turkeys | | | | | |
| 1 Quail | | | | | |
| 1 Pheasants | | | | | |
| 1 Other Avian Species (Specify) | | | | | |
| 1 | | | | | |
| 4 | | | | | |
| 1 | | | | | |
| 5 | | | | | |

CERTIFICATION BY ATTENDING VETERINARIAN FOR REPORTING FACILITY OR INSTITUTION COMMITTEE
 I (We) hereby certify that the type and amount of analgesic, anesthetic, and tranquilizing drugs used on animals during actual research, testing or experimentation including post-operative and post-procedural care was deemed appropriate to relieve pain and distress for the subject animal.

| | | |
|--|--------------------------------------|----------------------------|
| 16 SIGNATURE OF ATTENDING VETERINARIAN <i>[Signature]</i> | 17 TITLE Herd Health Veterinarian | 18 DATE SIGNED 10/18/04 |
| 19 SIGNATURE OF COMMITTEE MEMBER <i>[Signature]</i> | 20 TITLE Research Physiologist | 21 DATE SIGNED 10/18/04 |
| 22 SIGNATURE OF COMMITTEE MEMBER <i>[Signature]</i> | 23 TITLE Research Physiologist | 24 DATE SIGNED 10/18/04 |
| 25 SIGNATURE OF COMMITTEE MEMBER <i>[Signature]</i> | 26 TITLE Ag. Res. Tech. 3, Cattle | 27 DATE SIGNED 10-20-04 |
| 28 SIGNATURE OF COMMITTEE MEMBER <i>[Signature]</i> | 29 TITLE Ag. Res. Tech. 1, Swine | 30 DATE SIGNED 10/20/04 |

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
 I certify that the above is true, correct, and complete and that professionally acceptable standards governing care, treatment, and use of farm animals including appropriate use of anesthetic, analgesic, and tranquilizing drugs during actual research, testing, or experimentation including post-operative and post-procedural care are being followed by the above research facilities or sites.

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| 31 SIGNATURE OF RESPONSIBLE OFFICIAL <i>[Signature]</i> | 32 TITLE Director, US Meat Animal Res. Ctr. | 33 DATE SIGNED 11/5/04 |
|--|--|---------------------------|

IACUC Member Contact Listing

ARS Form 606

| <u>Member Name</u> | <u>Title</u> | <u>Committee</u> |
|--------------------------|---------------------------|--------------------------------------|
| Dr. Patrick Wahlmeier | D.V.M. | Interim Herd Health Veterinarian |
| Dr. Shuna Jones | D.V.M. | Herd Health Veterinarian (MARC) |
| Dr. Sherrill Echternkamp | Research Physiologist | Animal Care and Use Committee (MARC) |
| Mr. Sam Townsend | Nonaffiliated Member | Animal Care and Use Committee (MARC) |
| Dr. Gary Rohrer | Research Geneticist | Animal Care and Use Committee (MARC) |
| Dr. Robert Cushman | Research Physiologist | Animal Care and Use Committee (MARC) |
| Mr. Mel Sukup | Operations Assist. Cattle | Animal Care and Use Committee (MARC) |
| Ms. Debra Loudon | Ag. Res. Tech. 1, Swine | Animal Care and Use Committee (MARC) |
| Mr. Lee Peshek | Ag. Res. Tech. 1, Sheep | Animal Care and Use Committee (MARC) |

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| United States Department of Agriculture Agricultural Research Service ANNUAL REPORT OF RESEARCH FACILITY (Required For Each Reporting Facility Where <u>Farm Animals</u> Are Held) | 1 DATE OF REPORT October 19, 2005 | ARS TEMPORARY FORM 85 - 86 |
| | 2 HEADQUARTERS RESEARCH FACILITY (Name & Address) USDA, ARS. Northern Plains Area Roman L. Hruska U.S. Meat Animal Res. Ctr. P. O. Box 166; State Spur 18D Clay Center, NE 68933-0166 | |
| INSTRUCTIONS Reporting Facility - complete items 1 through 30 and submit to your Headquarters Facility Attach additional sheets if necessary Headquarters Facility - complete items 31 through 33 and submit on or before December 1 of each year for the preceding Federal fiscal year (October 1 to September 30) to Dr. Robert Heckert, USDA-ARS-NPS, GWCC 4-2176 -Bellsville, Maryland 20705-5138 | 3 REPORTING FACILITY (Name & Address) (Same as above) | |

| REPORT OF FARM ANIMALS USED IN ACTUAL RESEARCH, TESTING, OR EXPERIMENTATION INCLUDING PRODUCTION RESEARCH | | | | | |
|---|-----------------------------|--|---|--|---------------------------------------|
| A | B | C | D | E | F |
| Farm Animals | New Animals Added this Year | Number of animals used in research, experiments, or tests involving no pain or distress. | Research, experiments, or tests where appropriate anesthetic, analgesic, or tranquilizer drugs were administered to avoid pain or distress. | Research, experiments, or tests involving pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer drugs (Attach brief explanation) | TOTAL NO. of Animals (Cols C + D + E) |
| 4 Cattle | 5,733 | 14,259 | 140 | 0 | 14,439 |
| 5 Swine | 6,995 | 6,924 | 71 | 0 | 6,995 |
| 8 Sheep | 4,581 | 10,715 | 63 | 0 | 10,778 |
| 7 Goats | | | | | |
| 8 Horses | | | | | |
| 9 Chickens | | | | | |
| 10 Turkeys | | | | | |
| 1 Quail | | | | | |
| 1 Pheasants | | | | | |
| 1 Other Avian Species (Specify) | | | | | |
| 1 | | | | | |
| 4 | | | | | |
| 1 | | | | | |
| 5 | | | | | |

CERTIFICATION BY ATTENDING VETERINARIAN FOR REPORTING FACILITY OR INSTITUTION COMMITTEE
 I (We) hereby certify that the type and amount of analgesic, anesthetic, and tranquilizing drugs used on animals during actual research, testing or experimentation including post-operative and post-procedural care was deemed appropriate to relieve pain and distress for the subject animal.

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| 16 SIGNATURE OF ATTENDING VETERINARIAN <i>Sherrill Jones</i> | 17 TITLE Herd Health Veterinarian | 18 DATE SIGNED 2 Nov 05 |
| 19 SIGNATURE OF COMMITTEE MEMBER <i>Robert L. Helm</i> | 20 TITLE Research Physiologist | 21 DATE SIGNED Nov 6, 2005 |
| 22 SIGNATURE OF COMMITTEE MEMBER <i>Gary Alan Rohrer</i> | 23 TITLE Research Geneticist | 24 DATE SIGNED 11/3/2005 |
| 25 SIGNATURE OF COMMITTEE MEMBER | 26 TITLE Ag. Res. Tech. 3, Cattle | 27 DATE SIGNED 11/15/05 |
| 28 SIGNATURE OF COMMITTEE MEMBER <i>Debra L. Loudon</i> | 29 TITLE Ag. Res. Tech. 1, Swine | 30 DATE SIGNED 11/4/05 |

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
 I certify that the above is true, correct, and complete and that professionally acceptable standards governing care, treatment, and use of farm animals including appropriate use of anesthetic, analgesic, and tranquilizing drugs during actual research, testing, or experimentation including post-operative and post-procedural care are being followed by the above research facilities or sites.

| | | |
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| 31 SIGNATURE OF RESPONSIBLE OFFICIAL <i>M. Kohn</i> | 32 TITLE Director, US Meat Animal Res. Ctr. | 33 DATE SIGNED 11/7/05 |
|--|--|---------------------------|

This report is required by law (7 USC 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 211

See attached form for additional information.

Interagency Report Control No.:

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 47-F-0002 CUSTOMER NUMBER: 1555 | FORM APPROVED OMB NO. 0579-0038 |
| | Usda, Sea Ag. Res. P.O. Box 166 Clay Center, NE 68933 Telephone: (402)-782-4109 | |

2. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

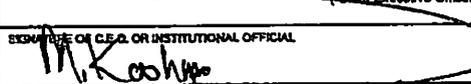
FACILITY LOCATIONS (Sheet) - See Attached Listing

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 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 in these animals and the reason such drugs were not used must be attached to this report) | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|---|--|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primates | | | | | |
| 10. Sheep | | 10,715 | 63 | 0 | 10,778 |
| 11. Pigs | 6,791 | 6,924 | 71 | 0 | 6,995 |
| 12. Other Farm Animals | | | | | |
| Cattle | 14,399 | 14,259 | 140 | | 14,399 |
| 13. Other Animals | | | | | |
| Mice | | 169 | 80 | | 249 |

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.
- Each principal investigator has considered alternatives to painful procedures.
- 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.
- The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| | | |
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| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) | | |
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL  | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) Mohammad Koohmaria, Center Director | DATE SIGNED 11/7/05 |

IACUC Member Contact Listing

ARS Form 606

| Member Name | Title | Committee |
|--------------------|---------------------------|--------------------------------------|
| Dr. Shuna Jones | D.V.M. | Herd Health Veterinarian (MARC) |
| Mr. Sam Townsend | Nonaffiliated Member | Animal Care and Use Committee (MARC) |
| Dr. Gary Rohrer | Research Geneticist | Animal Care and Use Committee (MARC) |
| Dr. Robert Cushman | Research Physiologist | Animal Care and Use Committee (MARC) |
| Mr. Mel Sukup | Operations Assist. Cattle | Animal Care and Use Committee (MARC) |
| Ms. Debra Loudon | Ag. Res. Tech. 1, Swine | Animal Care and Use Committee (MARC) |
| Mr. Lee Peshek | Ag. Res. Tech. 1, Sheep | Animal Care and Use Committee (MARC) |

ARS 606 Form "IACUC Membership Listing"

| Facility Name and Address Example: University of ____ or ARS ____ Research Center | Name, IACUC Title, Email, and telephone # | For Non-ARS Facilities: Insert Yes or No | | | PHS Funds Used | AWA Regulated Animals | Non-AWA Regulated Animals |
|---|---|---|----------------------------|--------------------------|----------------------|-----------------------------|---------------------------------|
| | | Use of ARS Funds | Use of ARS Employees | Use of ARS Animals | | | |
| USDA, ARS, NPA, US Meat Animal Research Center PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | Shuna Jones, DVM Veterinary Medical Officer jones@email.marc.usda.gov 402-762-4114 | | | | | | |
| USDA, ARS, NPA, US Meat Animal Research Center PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | Dr. Gary Rohrer Research Geneticist rohrer@email.marc.usda.gov 402-762-4365 | | | | | | |
| USDA, ARS, NPA, US Meat Animal Research Center PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | Dr. Robert Cushman Research Physiologist cushman@email.marc.usda.gov 402-762-4186 | | | | | | |
| USDA, ARS, NPA, US Meat Animal Research Center PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | Mr. Mel Sukup Ag. Res. Tech. 2, Cattle N/A 402-762-4121 | | | | | | |
| USDA, ARS, NPA, US Meat Animal Research Center PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | Mr. R. Doug Porter Ag. Res. Tech. 1, Swine swine@email.marc.usda.gov 402-762-4309 | | | | | | |
| USDA, ARS, NPA, US Meat Animal Research Center PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | Mr. Lee Peshek Ag. Res. Tech. 1, Sheep peshek@email.marc.usda.gov 402-762-4292 | | | | | | |
| USDA, ARS, NPA, US Meat Animal Research Center PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | Mr. Sam Townsend Nonaffiliated Member N/A (b) (6) | | | | | | |

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|--|---|--|--|---|---|
| United States Department of Agriculture Agricultural Research Service | | 1. DATE OF REPORT (MM/DD/YYYY) 11/20/2007 | | ARS FORM 605 (Required for each reporting facility where vertebrate animals which are NOT regulated by the AWA are held) | |
| ARS IACUC Annual Report of Research Facility | | Reporting Facility - complete items 1 through 3 based on the preceding Federal fiscal year (October 1 to September 30) and submit to your Area Director. Attach additional sheets if necessary. Find detailed instructions on next page. | | 2. REPORTING FACILITY (Name & Address) USDA, ARS, USMARC Clay Center, NE | |
| REPORT OF ARS NON-AWA ANIMALS BEING USED BY OR UNDER CONTROL OF FACILITY | | | | | |
| 3A. Animals NOT covered by the AWA Regulations Example: chickens, catfish, etc., | 3B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | 3C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain relieving drugs. | 3D. Number of animals upon which surgery, research, experiments, or tests where conducted involving pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | 3E. Number of animals upon which surgery, research, experiments, or tests where conducted involving 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 interpretations of the research, experiments, surgery, or tests.* | 3F. Total No. of Animals Columns (C +D +E) |
| SHEEP | | 10067 | 6 | 0 | 10073 |
| CATTLE | | 12998 | 236 | 0 | 13234 |
| PIGS | | 3009 | 725 | 0 | 3734 |
| MICE | | 805 | 0 | 0 | 805 |
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| SIGNATURE OF CERTIFICATION BY AREA DIRECTOR | Date MM/DD/YYYY |
|---|-----------------|

This form is to be used by IACUC's at ARS locations or non-ARS animals at ARS Locations or non-ARS locations using either ARS funds or personnel for oversight of farm animals used or intended for use as food or fiber, or when used or intended for use in agricultural research, it is ARS Policy to include oversight of all vertebrate animals by IACUC's at ARS locations or non-ARS animals at ARS Locations or non-ARS locations using either ARS funds or personnel. Each facility possessing and/or using these non-AWA regulated animals in research should have their designated IACUC submit to their appropriate ARS Area Office this completed form along with a completed ARS Form 606 or "IACUC Membership Listing" and Chair contact information.

INSTRUCTIONS FOR COMPLETION OF ARS FORM ARS 605

ITEM 1 - Enter the date month, day, year.

ITEM 2 - Enter the complete name and address of the Facility or Site where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes.

ITEM 3A - DO NOT enter numbers in Column A. List each animal species by common name.

ITEM 3B – Enter number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes

ITEM 3C – Enter the number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain relieving drugs.

ITEM 3D – Enter number of animals upon which surgery, research, experiments, or tests were conducted involving pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.

ITEM 3E – Enter the number of animals upon which surgery, research, experiments, or tests were conducted involving 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 interpretations of the research, experiments, surgery, or tests.

*Entries in Column E must be explained on attached sheet(s)

ITEM 3F - Show the total of numbers entered in Columns C + D + E.

Attach additional sheets if necessary or use second page of this Form for continuation.

2007

ARS 606 "Institutional Animal Care and Use Committee Roster"
FACILITY: USDA, ARS, US Meat Animal Research Center
ADDRESS: P. O. Box 166; State Spur 18D
Clay Center, NE 68933-0166

| Member | IACUC Role | Title | Affiliation | Address/Unit | Phone | Email | Term Dates |
|---|-------------------------|----------------------------|-------------|---|--------------|--|------------|
| Shuna A, Jones, DVM | Chair | Veterinary Medical Office | | | | | |
| Shuna A. Jones, DVM | Facility DVM | Veterinary Medical Officer | | USDA, ARS, NPA, US MARC PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.jones@ars.usda.gov | |
| Sam Townsend | Unaffiliated | | | N/A/ | (b) (6) | N/A | |
| | Animal Caretaker | | | | | | |
| Additional Members- (no more than 3 IACUC Members/Additional Members may be from the same facility administrative unit. | | | | | | | |
| Dr. Gary Rohrer | Member | Research Geneticist | | Reproduction Research Unit | 402-762-4365 | Gary.rohrer@ars.usda.gov | |
| Dr. Robert Cushman | Member | Research Physiologist | | Reproduction Research Unit | 402-762-4186 | Bob.cushman@ars.usda.gov | |
| Mr. Loyal Clang | Member | Ag. Res. Tech. 2 | | Cattle Operations | n/a/ | Loyal.clang@ars.usda.gov | |
| Mr. Doug Porter | Member | Ag. Res. Tech. 1 | | Swine Operations | 402-762-4309 | Doug.porter@ars.usda.gov | |
| Mr. Lee Peshek | Member | Ag. Res. Tech. 1 | | Sheep Operations | 402-762-4292 | Lee.peshek@ars.usda.gov | |

Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington DC 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503

INSTRUCTIONS FOR COMPLETION OF APHIS FORM 7023

(Refer to 9 CFR Part 2, Subpart C. Sections 2.33 and 2.36)

- ITEM 1 - Enter registration number as assigned to the Research Facility by United States Department of Agriculture (USDA)
- ITEM 2 - Enter the complete name and address of the Headquarters Research Facility as registered with USDA
- ITEM 3 - List location of each Facility or Site where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. (Attached additional sheets if necessary)
- ITEM 4 -13 - DO NOT enter numbers in Column A, DO NOT add numbers entered in Column B into the total in Column F. **Column F** is to show total of numbers entered in Columns C + D + E. Entries in Column E must be explained on attached sheet(s)
- ITEM 12 - List by common name all other farm animal species
- ITEM 13- **Other:** List by common name, all other warm-blooded animal species covered by the Regulations. *(This will include all wild or exotic species.)* Attach additional sheets if necessary or use APHIS Form 7023A.
- CERTIFICATION: Must be signed by the Chief Executive Officer (CEO) of the Registered Research Facility or other Institutional Official (IO) having authority to legally commit on behalf of the Registered Research Facility. Sign, Print or type Name and Title, and Date.

RETURN COMPLETED FORM WITH AN ORIGINAL SIGNATURE OF CEO OR IO TO APPROPRIATE SECTOR OFFICE.

| | |
|---|-----------------|
| SIGNATURE OF CERTIFICATION BY AREA DIRECTOR | Date MM/DD/YYYY |
|---|-----------------|

This form is to be used by IACUC's at ARS locations or non-ARS animals at ARS Locations or non-ARS locations using either ARS funds or personnel for oversight of farm animals used or intended for use as food or fiber, or when used or intended for use in agricultural research, it is ARS Policy to include oversight of all vertebrate animals by IACUC's at ARS locations or non-ARS animals at ARS Locations or non-ARS locations using either ARS funds or personnel. Each facility possessing and/or using these non-AWA regulated animals in research should have their designated IACUC submit to their appropriate ARS Area Office this completed form along with a completed ARS Form 606 or "IACUC Membership Listing" and Chair contact information.

INSTRUCTIONS FOR COMPLETION OF ARS FORM ARS 605

ITEM 1 - Enter the date month, day, year.

ITEM 2 - Enter the complete name and address of the Facility or Site where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes.

ITEM 3A - DO NOT enter numbers in Column A. List each animal species by common name.

ITEM 3B – Enter number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes

ITEM 3C – Enter the number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain relieving drugs.

ITEM 3D – Enter umber of animals upon which surgery, research, experiments, or tests where conducted involving pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.

ITEM 3E – Enter the number of animals upon which surgery, research, experiments, or tests where conducted involving 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 interpretations of the research, experiments, surgery, or tests.

*Entries in Column E must be explained on attached sheet(s)

ITEM 3F - Show the total of numbers entered in Columns C + D + E.

Attach additional sheets if necessary or use second page of this Form for continuation.

ARS 606 "Institutional Animal Care and Use Committee Roster"
FACILITY: USDA, ARS, US Meat Animal Research Center
ADDRESS: P. O. Box 166; State Spur 18D
Clay Center, NE 68933-0166

| Member | IACUC Role | Title | Affiliation | Address/Unit | Phone | Email | Term Dates |
|---|-------------------------|----------------------------|-------------|---|--------------|--------------------------|------------|
| Shuna A, Jones, DVM | Chair | Veterinary Medical Office | | | | | |
| Shuna A. Jones, DVM | Facility DVM | Veterinary Medical Officer | | USDA, ARS, NPA, US MARC PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.jones@ars.usda.gov | |
| Sam Townsend | Unaffiliated | | | N/A/ | (b) (6) | N/A | |
| | Animal Caretaker | | | | | | |
| Additional Members- (no more than 3 IACUC Members/Additional Members may be from the same facility administrative unit. | | | | | | | |
| Dr. Gary Rohrer | Member | Research Geneticist | | Reproduction Research Unit | 402-762-4365 | Gary.rohrer@ars.usda.gov | |
| Dr. Robert Cushman | Member | Research Physiologist | | Reproduction Research Unit | 402-762-4186 | Bob.cushman@ars.usda.gov | |
| Mr. Loyal Clang | Member | Ag. Res. Tech. 2 | | Cattle Operations | n/a/ | Loyal.clang@ars.usda.gov | |
| Mr. Doug Porter | Member | Ag. Res. Tech. 1 | | Swine Operations | 402-762-4309 | Doug.porter@ars.usda.gov | |
| Mr. Lee Peshek | Member | Ag. Res. Tech. 1 | | Sheep Operations | 402-762-4292 | Lee.peshek@ars.usda.gov | |

2008

This report is required by law (7 USC 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

See reverse side for additional information

Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION
47-F-002 1555

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name & Address, as registered with USDA include Zip Code.)

USDA, ARS, USMARC
P. O. Box 166
Clay Center, NE 68933

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)

Clay Center, NE

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 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 procedure producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|--|---|---|---|---|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primates | | | | | |
| 10. Sheep | | 10,789 | | | 10,789 |
| 11. Pigs | | 3,301 | 585 | | 3,886 |
| 12. Other Farm Animals | | | | | |
| Cattle | | 13,163 | 218 | 13,381 | 13,381 |
| 13 Other Animals | | | | | |
| Mice | | 1,710 | | | 1,710 |

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 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 animal report. In addition to identifying the IACUG 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 provision 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 or LEGALLY RESPONSIBLE INSTITUTIONAL OFFICIAL)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

John Nienaber, Acting Center Director

| | |
|---|-----------------|
| SIGNATURE OF CERTIFICATION BY AREA DIRECTOR | Date MM/DD/YYYY |
|---|-----------------|

This form is to be used by IACUC's at ARS locations or non-ARS animals at ARS Locations or non-ARS locations using either ARS funds or personnel for oversight of farm animals used or intended for use as food or fiber, or when used or intended for use in agricultural research, it is ARS Policy to include oversight of all vertebrate animals by IACUC's at ARS locations or non-ARS animals at ARS Locations or non-ARS locations using either ARS funds or personnel. Each facility possessing and/or using these non-AWA regulated animals in research should have their designated IACUC submit to their appropriate ARS Area Office this completed form along with a completed ARS Form 606 or "IACUC Membership Listing" and Chair contact information.

INSTRUCTIONS FOR COMPLETION OF ARS FORM ARS 605

ITEM 1 - Enter the date month, day, year.

ITEM 2 - Enter the complete name and address of the Facility or Site where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes.

ITEM 3A - DO NOT enter numbers in Column A. List each animal species by common name.

ITEM 3B - Enter number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes

ITEM 3C - Enter the number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain relieving drugs.

ITEM 3D - Enter number of animals upon which surgery, research, experiments, or tests were conducted involving pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.

ITEM 3E - Enter the number of animals upon which surgery, research, experiments, or tests were conducted involving 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 interpretations of the research, experiments, surgery, or tests.

*Entries in Column E must be explained on attached sheet(s)

ITEM 3F - Show the total of numbers entered in Columns C + D + E.

Attach additional sheets if necessary or use second page of this Form for continuation.

ARS 606 "Institutional Animal Care and Use Committee Roster"
FACILITY: USDA, ARS, US Meat Animal Research Center
ADDRESS: P. O. Box 166; State Spur 18D
Clay Center, NE 68933-0166

| Member | IACUC Role | Title | Affiliation | Address/Unit | Phone | Email | Term Dates |
|---|-------------------------|----------------------------|-------------|---|--------------|--------------------------|------------|
| Shuna A, Jones, DVM | Chair | Veterinary Medical Office | | | | | |
| Shuna A. Jones, DVM | Facility DVM | Veterinary Medical Officer | | USDA, ARS, NPA, US MARC PO Box 166; State Spur 18D Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.jones@ars.usda.gov | |
| Sam Townsend | Unaffiliated | | | N/A/ | (b) (6) | N/A | |
| | Animal Caretaker | | | | | | |
| Additional Members- (no more than 3 IACUC Members/Additional Members may be from the same facility administrative unit. | | | | | | | |
| Dr. Gary Rohrer | Member | Research Geneticist | | Reproduction Research Unit | 402-762-4365 | Gary.rohrer@ars.usda.gov | |
| Dr. Robert Cushman | Member | Research Physiologist | | Reproduction Research Unit | 402-762-4186 | Bob.cushman@ars.usda.gov | |
| Mr. Loyal Clang | Member | Ag. Res. Tech. 2 | | Cattle Operations | n/a/ | Loyal.clang@ars.usda.gov | |
| Mr. Doug Porter | Member | Ag. Res. Tech. 1 | | Swine Operations | 402-762-4309 | Doug.porter@ars.usda.gov | |
| Mr. Lee Peshek | Member | Ag. Res. Tech. 1 | | Sheep Operations | 402-762-4292 | Lee.peshek@ars.usda.gov | |

2009

This report is required by law (7 USC 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

See reverse side for additional information

Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION
47-F-002 1555

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name & Address, as registered with USDA include Zip Code.)

USDA, ARS, USMARC
P. O. Box 166
Clay Center, NE 68933

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)

Clay Center, NE

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 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 procedure producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|--|---|---|---|---|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primates | | | | | |
| 10. Sheep | 0 | 12,021 | | | 12,021 |
| 11. Pigs | 0 | 10,389 | 14 | | 10,403 |
| 12. Other Farm Animals | | | | | |
| Cattle | | 13,376 | | | 13,376 |
| 13 Other Animals | | | | | |
| Mice | 0 | 1,226 | | | 1,226 |
| | | | | | |
| | | | | | |

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 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 animal report. In addition to identifying the IACUG 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 provision 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 or LEGALLY RESPONSIBLE INSTITUTIONAL OFFICIAL)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

Gary Bennett, Acting Center Director

ARS FORM 605 (FOR ALL FARM ANIMALS USED FOR TRADITIONAL AGRICULTURE SUCH AS FOOD OR FIBER, IMPROVE ANIMAL NUTRITION, BREEDING, MANAGEMENT, PRODUCTION EFFICIENCY, AND IMPROVE THE QUALITY OF FOOD OR FIBER – Revised 09/2010)

| | | | | | |
|---|---|---|--|---|------------------------------|
| 1. DATE OF REPORT (MM/DD/YYYY) 10/15/2010 | | 2. REPORTING FACILITY (Name & Address) USDA, ARS, U.S. Meat Animal Research Center, P. O. Box 166; State Spur 18D. Clay Center, NE 68933-0166 | | | |
| ANIMAL SPECIES | Number of animals used for REPRODUCTION purposes | Number of Animals involved in experimental infection procedures that involve no pain or distress or tranquilizers | Number of animals involved in surgery which requires ANESTHESIA | ***Number of animals involved in procedures that induced pain or distress but that the use of anesthetic, analgesic, or tranquilizing drugs would adversely affect the results of the research | FOR OFFICIAL USE ONLY |
| COWS/CATTLE/DAIRY | 13,408 | 0 | 184 | 0 | |
| PIGS/SWINE | 10,402 | 0 | 209 | 0 | |
| SHEEP | 13,059 | 0 | 14 | 0 | |
| GOAT | | | | | |
| TURKEYS | | | | | |
| CHICKENS | | | | | |
| DUCKS | | | | | |
| OTHER FOWL | | | | | |
| FISH (SPECIES NOT REQUIRED) | | | | | |
| LAB ANIMALS SUCH AS MICE, RATS, RABBITS, GUINEA PIGS, HAMSTERS, ETC | | | | | |
| MICE | 1,200 | 0 | 0 | 0 | |
| | | | | | |
| | | | | | |
| OTHER ANIMALS SUCH AS DOGS, CATS, NON-HUMAN PRIMATES, HORSES, DEER, ELK, SQUIRREL, ETC | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SIGNATURE OF CERTIFICATION BY AREA DIRECTOR | | | | DATE MM/DD/YYYY | |

REQUIRED to fill out additional information when pain is induced but not relieved – complete the "Documentation Painful Procedures without Relief" form

2010

ARS 606 "INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE ROSTER"

FACILITY: USDA, ARS, U.S. Meat Animal Research Center

ADDRESS: P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166

National Program Number(s) which apply to this lab's research: 101, 103,108, and 214

Is research at your location for HUMAN benefit/biomedical research or ANIMAL AGRICULTURE benefit? Animal Agriculture

How often does your IACUC meet? 2 times/year

How often does your IACUC review PROTOCOLS for animal research projects? Protocols are approved by an approving panel as they are presented.

| Member | IACUC Role | Title | Affiliation | Address/Unit | Phone | Email | Term Dates |
|----------------|-------------------------|----------------------------|--|---|--------------|--------------------------|------------|
| Shuna A. Jones | Chair | Veterinary Medical Officer | USDA, ARS, NPA, US Meat Animal Research Center | P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| Shuna A. Jones | Facility DVM | Veterinary Medical Officer | USDA, ARS, NPA, US Meat Animal Research Center | P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| Sam Townsend | Unaffiliated | | | (b) (6) | (b) (6) | N/A | |
| | Animal Caretaker | | | | | | |

| Additional Members- (no more than 3 IACUC Members/Additional Members may be from the same facility administrative unit. | | | | | | | |
|---|---------------|-----------------------|--|----------------------------|--------------|--------------------------|--|
| Dr. Gary Rohrer | Member | Research Geneticist | | Reproduction Research Unit | 402-762-4365 | Gary.Rohrer@ars.usda.gov | |
| Dr. Robert Cushman | Member | Research Physiologist | | Reproduction Research Unit | 402-762-4186 | Bob.Cushman@ars.usda.gov | |
| Mr. Loyal Clang | Member | Ag. Res. Tech. 2 | | Cattle Operations | n/a | Loyal.Clang@ars.usda.gov | |
| Mr. Doug Porter | Member | Ag. Res. Tech. 1 | | Swine Operations | 402-762-4309 | Doug.Porter@ars.usda.gov | |
| Mr. Lee Peshek | Member | Ag. Res. Tech. 1 | | Sheep Operations | 402-762-4292 | Lee.Peshek@ars.usda.gov | |

ARS FORM 605: FOR ALL ANIMALS OWNED BY ARS AND HOUSED ON ARS OR NON-GOVERNMENTAL (ARS) PROPERTY USED FOR AGRICULTURAL RESEARCH FOR FOOD OR FIBER, INCLUDING NUTRITION, BREEDING, MANAGEMENT, PRODUCTION, AND ANIMAL DISEASE RESEARCH – Revised 09/2011

| | |
|---|--|
| 1. DATE OF REPORT (MM/DD/YYYY) 10/12/2011 | 2. REPORTING FACILITY (Name & Address) USDA, ARS, U.S. Meat Animal Research Center, P. O. Box 166; State Spur 18D, Clay Center, NE 68933-0166 |
|---|--|

Please count animals once

| ANIMAL SPECIES | Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | Number of Animals involved in experimental procedures that involve no pain or distress or are tranquilized only – No Surgery | Number of animals involved in surgery which requires ANESTHESIA, analgesic, or tranquilizing drug | ***Number of animals involved in procedures that induced pain or distress in which the use of anesthetic, analgesic, or tranquilizing drugs is contraindicated due to impacts on research results | FOR OFFICIAL USE ONLY |
|-----------------------------|---|--|---|---|-----------------------|
| COWS/CATTLE/DAIRY | 13,516 | 0 | 235 | 0 | |
| PIGS/SWINE | 10,591 | 0 | 0 | 0 | |
| SHEEP | 11,142 | 0 | 78 | 0 | |
| GOAT | | | | | |
| TURKEYS | | | | | |
| CHICKENS | | | | | |
| DUCKS | | | | | |
| OTHER FOWL | | | | | |
| FISH (SPECIES NOT REQUIRED) | | | | | |
| | | | | | |
| | | | | | |

LAB ANIMALS SUCH AS MICE *but not genus Mus*, RATS *but not genus Rattus*, RABBITS, GUINEA PIGS, HAMSTERS, ETC

| | | | | | |
|------|----|-----|---|---|--|
| Mice | 16 | 480 | 0 | 0 | |
| | | | | | |
| | | | | | |
| | | | | | |

| ANIMAL SPECIES | Number of animals being | Number of Animals involved in experimental procedures | Number of animals involved in surgery | ***Number of animals involved in procedures that induced pain or distress in which the use of | FOR OFFICIAL |
|----------------|-------------------------|---|---------------------------------------|---|--------------|
|----------------|-------------------------|---|---------------------------------------|---|--------------|

| | bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | that involve no pain or distress or are tranquilized only – No Surgery | which requires ANESTHESIA, analgesic, or tranquilizing drug | anesthetic, analgesic, or tranquilizing drugs is contraindicated due to impacts on research results | USE ONLY |
|---|---|--|---|---|----------|
| | | | | | |
| OTHER ANIMALS SUCH AS DOGS, CATS, NON-HUMAN PRIMATES, HORSES, DEER, ELK, SQUIRREL, ETC | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SIGNATURE OF CERTIFICATION BY AREA DIRECTOR | | | | DATE MM/DD/YYYY | |

REQUIRED to fill out additional information when pain is induced but not relieved – complete the “Documentation Painful Procedures without Relief” form

2011

ARS 606 "ARS INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE ROSTER"

****IACUC information is used by the Office of National Programs for informational purposes and will be kept confidential****

FACILITY: USDA, ARS, U.S. Meat Animal Research Center

ADDRESS: P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166

National Program Number(s) which apply to this lab's research: 101, 103, 108 and 214

| Member | IACUC Role | Title | Affiliation | Address/Unit | Phone | Email | Term Dates |
|--|-------------------------|----------------------------|--|---|--------------|--|------------|
| Shuna A. Jones | Chair | Veterinary Medical Officer | USDA, ARS, US Meat Animal Resarch Center | P. O. Box 166. State Spur 18D, Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| Shuna A. Jones | Facility DVM | Veterinary Medical Officer | USDA, ARS, US Meat Animal Resarch Center | P. O. Box 166. State Spur 18D, Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| John Kohmetscher | Unaffiliated | | | (b) (6) | (b) (6) | | |
| | Animal Caretaker | | | | | | |
| Additional Members- (no more than 3 IACUC Members/Additional Members may be from the same facility administrative unit.) | | | | | | | |
| Dr. Gary Rohrer | Member | Research Geneticist | | Reproduction Research Unit | 402-762-4365 | Gary.Rohrer@ars.usda.gov | |

| | | | | | | | |
|--------------------|--------|-----------------------|--|----------------------------|--------------|---------------------------|--|
| Dr. Robert Cushman | Member | Research Physiologist | | Reproduction Research Unit | 402-762-4186 | Bob.Cushman@ars.usda.gov | |
| Mr. Randy Kucera | Member | Ag. Res. Tech. II | | Cattle Operations | 402-762-4100 | Randy.Kucera@ars.usda.gov | |
| Mr. Doug Porter | Member | Ag. Res. Tech. I | | Swine Operations | 402-762-4304 | Doug.Porter@ars.usda.gov | |
| Mr. Lee Peshek | Member | Ag. Res. Tech. II | | Sheep Operations | 402-762-4137 | Lee.Peshek@ars.usda.gov | |

*****Please answer the questions on Page 2*****

1. Is research at your location for HUMAN benefit/biomedical research or to benefit ANIMAL AGRICULTURE?
Animal Agriculture
2. How often does your IACUC meet? 2 times/year
3. How often does your IACUC review New and Established PROTOCOLS for animal research projects? (Projects should be reviewed yearly) As they are available.
4. How often does your IACUC perform a physical inspection of research facilities? 2 times/year
5. Emergency Preparedness: what potential natural disasters could occur at your facilities? Tornadoes, high winds
6. Please provide primary and secondary name(s), and contact information for personnel designated to respond during an emergency.
Switchboard Operator – Dial “0” 8:00 am – 4:30 pm; Fire – Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Emergency Unit -- Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Police/Security -- Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Hazardous Material Spill -- Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Emergency Coordinator – Bucky Herman, ext. 4141 (home: (b) (6); cell (b) (6)); Alternate Emergency Coordinator – Todd Boman, ext. 4197 (cell (b) (6)); Hazardous Waste Coordinator – Elaine Berry, ext. 4204 (home: (b) (6)); Chemical Hygiene Officer – Todd Boman, ext. 4197 (cell (b) (6)); USMARC Spill Coordinator – Jim Fitzgerald – Dial “0” (home (b) (6)); USMARC Fire Chief – Mike Menke, ext. 4297 (home (b) (6); cell (b) (6)); First Responder – Bill Bumgardner – Dial 0” After work hours “9-911; Veterinary Medical Officer – Shuna Jones, ext. 4114 (home (b) (6); cell (b) (6)); Poison Control – 9-1-800-955-9119; USMARC Security – After hours (b) (6).

ARS FORM 605: FOR ALL ANIMALS OWNED BY ARS AND HOUSED ON ARS OR NON-GOVERNMENTAL (ARS) PROPERTY USED FOR AGRICULTURAL RESEARCH FOR FOOD OR FIBER, INCLUDING NUTRITION, BREEDING, MANAGEMENT, PRODUCTION, AND ANIMAL DISEASE RESEARCH – Revised 10/2012

| 1. DATE OF REPORT (MM/DD/YYYY) | | 2. REPORTING FACILITY (Name & Address) | | | |
|--|---|--|---|---|-----------------------|
| 11-19-2012 | | USDA, ARS, U.S. Meat Animal Research Center, P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166 | | | |
| <i>Please count animals once</i> | | | | | |
| ANIMAL SPECIES | Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | Number of Animals involved in experimental procedures that involve no pain or distress or are tranquilized only – No Surgery | Number of animals involved in surgery which requires ANESTHESIA, analgesic, or tranquilizing drug | ***Number of animals involved in procedures that induced pain or distress in which the use of anesthetic, analgesic, or tranquilizing drugs is contraindicated due to impacts on research results | FOR OFFICIAL USE ONLY |
| COWS/CATTLE/DAIRY | 13,006 | 0 | 206 | 0 | |
| PIGS/SWINE | 11,588 | 0 | 43 | 0 | |
| SHEEP | 6,201 | 0 | 0 | 0 | |
| GOAT | | | | | |
| TURKEYS | | | | | |
| CHICKENS | | | | | |
| DUCKS | | | | | |
| OTHER FOWL | | | | | |
| FISH (SPECIES NOT REQUIRED) | | | | | |
| | | | | | |
| | | | | | |
| ALL LAB ANIMALS SUCH AS RABBITS, GUINEA PIGS, HAMSTERS, ETC. EXCLUDING AS MICE <i>genus Mus</i>, AND RATS <i>genus Rattus</i> | | | | | |
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| ANIMAL SPECIES | Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | Number of Animals involved in experimental procedures that involve no pain or distress or are tranquilized only – No Surgery | Number of animals involved in surgery which requires ANESTHESIA, analgesic, or tranquilizing drug | ***Number of animals involved in procedures that induced pain or distress in which the use of anesthetic, analgesic, or tranquilizing drugs is contraindicated due to impacts on research results | FOR OFFICIAL USE ONLY |
|--|---|--|---|---|-----------------------|
| | | | | | |
| OTHER ANIMALS SUCH AS DOGS, CATS, NON-HUMAN PRIMATES, HORSES, DEER, ELK, SQUIRREL, ETC. | | | | | |
| MICE | 40 | 0 | 0 | 0 | |
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| | | | | | |
| SIGNATURE OF CERTIFICATION BY AREA DIRECTOR | | | | DATE MM/DD/YYYY | |

REQUIRED to fill out additional information when pain is induced but not relieved – complete the “Documentation Painful Procedures without Relief” form

2012

ARS 606 "ARS INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE ROSTER"

****IACUC information is used by the Office of National Programs for informational purposes and will be kept confidential****

FACILITY: USDA, ARS, U.S. Meat Animal Research Center

ADDRESS: P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166

National Program Number(s) which apply to this lab's research: 101, 103, 108 and 214

| Member | IACUC Role | Title | Affiliation | Address/Unit | Phone | Email | Term Dates |
|--|-------------------------|----------------------------|--|---|--------------|--|------------|
| Shuna A. Jones | Chair | Veterinary Medical Officer | USDA, ARS, US Meat Animal Resarch Center | P. O. Box 166. State Spur 18D, Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| Shuna A. Jones | Facility DVM | Veterinary Medical Officer | USDA, ARS, US Meat Animal Resarch Center | P. O. Box 166. State Spur 18D, Clay Center, NE 68933-0166 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| John Kohmetscher | Unaffiliated | | | (b) (6) | (b) (6) | | |
| | Animal Caretaker | | | | | | |
| Additional Members- (no more than 3 IACUC Members/Additional Members may be from the same facility administrative unit.) | | | | | | | |
| Dr. Gary Rohrer | Member | Research Geneticist | | Reproduction Research Unit | 402-762-4365 | Gary.Rohrer@ars.usda.gov | |

| | | | | | | | |
|--------------------|--------|-----------------------|--|----------------------------|--------------|---------------------------|--|
| Dr. Robert Cushman | Member | Research Physiologist | | Reproduction Research Unit | 402-762-4186 | Bob.Cushman@ars.usda.gov | |
| Mr. Randy Kucera | Member | Ag. Res. Tech. II | | Cattle Operations | 402-762-4100 | Randy.Kucera@ars.usda.gov | |
| Mr. Doug Porter | Member | Ag. Res. Tech. I | | Swine Operations | 402-762-4304 | Doug.Porter@ars.usda.gov | |
| Mr. Lee Peshek | Member | Ag. Res. Tech. II | | Sheep Operations | 402-762-4137 | Lee.Peshek@ars.usda.gov | |

*****Please answer the questions on Page 2*****

- 1. Is research at your location for HUMAN benefit/biomedical research or to benefit ANIMAL AGRICULTURE?**
Animal Agriculture
- 2. How often does your IACUC meet?** 2 times/year
- 3. How often does your IACUC review New and Established PROTOCOLS for animal research projects? (Projects should be reviewed yearly) As they are available.**
- 4. How often does your IACUC perform a physical inspection of research facilities?** 2 times/year
- 5. Emergency Preparedness: what potential natural disasters could occur at your facilities?** Tornadoes, high winds
- 6. Please provide primary and secondary name(s), and contact information for personnel designated to respond during an emergency.**
Switchboard Operator – Dial “0” 8:00 am – 4:30 pm; Fire – Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Emergency Unit -- Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Police/Security -- Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Hazardous Material Spill -- Dial 0” 8:00 am – 4:30 pm “9-911 after work hours; Emergency Coordinator – Bucky Herman, ext. 4141 (home: (b) (6); cell (b) (6)); Alternate Emergency Coordinator – Todd Boman, ext. 4197 (cell (b) (6)); Hazardous Waste Coordinator – Elaine Berry, ext. 4204 (home: (b) (6)); Chemical Hygiene Officer – Todd Boman, ext. 4197 (cell (b) (6)); USMARC Spill Coordinator – Jim Fitzgerald – Dial “0” (home (b) (6)); USMARC Fire Chief – Mike Menke, ext. 4297 (home (b) (6); cell (b) (6)); First Responder – Bill Bumgardner – Dial 0” After work hours “9-911; Veterinary Medical Officer – Shuna Jones, ext. 4114 (home (b) (6); cell (b) (6)); Poison Control – 9-1-800-955-9119; USMARC Security – After hours (b) (6)

ARS 606 “ARS INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE ROSTER”

IACUC information is used by the Office of National Programs for informational purposes and will be kept confidential

FACILITY: USDA, ARS, U.S. Meat Animal Research Center

ADDRESS: P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166

National Program Number(s) which apply to this lab's research: 101, 103, 108, 214

| Member | IACUC Role | Title | Affiliation | Address/Unit | Phone | Email | Term Dates |
|--|------------------|----------------------------|---|--|--------------|--------------------------|------------|
| Shuna A. Jones | Chair | Veterinary Medical Officer | USDA, ARS, US Meat Animal Research Center | P. O. Box 166, State Spur 18D, Clay Center, NE 68933 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| Shuna A. Jones | Facility DVM | Veterinary Medical Officer | USDA, ARS, US Meat Animal Research Center | P. O. Box 166, State Spur 18D, Clay Center, NE 68933 | 402-762-4114 | Shuna.Jones@ars.usda.gov | |
| John Kohmetscher | Unaffiliated | | | (b) (6) | (b) (6) | | |
| | Animal Caretaker | | | | | | |
| Additional Members- (no more than 3 IACUC Members/Additional Members may be from the same facility administrative unit.) | | | | | | | |
| Dr. Gary Rohrer | Member | Research Geneticist | | Reproduction Research Unit | 402-762-4365 | Gary.Rohrer@ars.usda.gov | |
| Dr. Robert Cushman | Member | Research Physiologist | | Reproduction Research Unit | 402-762-4186 | Bob.Cushman@ars.usda.gov | |

2013

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|------------------|--------|-------------------|--|---|--------------|------------------------------|
| Mr. Randy Kucera | Member | Ag. Res. Tech. II | | Cattle Operations | 402-762-4100 | Randy.Kucera@ars.usda.gov |
| Mr. Nick French | Member | Ag. Res. Tech I | | Swine Operations | 402-762-4100 | Nicholas.French@ars.usda.gov |
| Mr. Lee Peshek | Member | Ag. Res. Tech. II | | P. O. Box 166, State Spur 18D, Clay Center, NE 68933 | 402-762-4100 | Lee.Peshek@ars.usda.gov |

Please answer the questions on Page 2

1. Is research at your location for HUMAN benefit/biomedical research funded by PHS or to benefit ANIMAL AGRICULTURE? Animal Agriculture
2. How often does your IACUC meet? 2 times/year
3. How often does your IACUC review New and Established PROTOCOLS for animal research projects? (Projects should be reviewed yearly) As they are available
4. How often does your IACUC perform a physical inspection of research facilities? 2 times/year
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ARS FORM 605: FOR ALL ANIMALS OWNED BY ARS AND HOUSED ON ARS OR NON-GOVERNMENTAL (ARS) PROPERTY USED FOR AGRICULTURAL RESEARCH FOR FOOD OR FIBER, INCLUDING NUTRITION, BREEDING, MANAGEMENT, PRODUCTION, AND ANIMAL DISEASE RESEARCH – Revised 10/2012

| 1. DATE OF REPORT (MM/DD/YYYY) 11/20/2013 | | 2. REPORTING FACILITY (Name & Address) USDA, ARS, U.S. Meat Animal Research Center, P. O. Box 166, State Spur 18D, Clay Center, NE 68933-0166 | | | |
|--|---|--|---|---|-----------------------|
| <i>Please count animals once</i> | | | | | |
| ANIMAL SPECIES | Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | Number of Animals involved in experimental procedures that involve no pain or distress or are tranquilized only – No Surgery | Number of animals involved in surgery which requires ANESTHESIA, analgesic, or tranquilizing drug | ***Number of animals involved in procedures that induced pain or distress in which the use of anesthetic, analgesic, or tranquilizing drugs is contraindicated due to impacts on research results | FOR OFFICIAL USE ONLY |
| COWS/CATTLE/DAIRY | 12,434 | 0 | 290 | 0 | |
| PIGS/SWINE | 12,724 | 12,724 | 23 | | |
| SHEEP | 3,173 | 0 | 0 | 0 | |
| GOAT | | | | | |
| TURKEYS | | | | | |
| CHICKENS | | | | | |
| DUCKS | | | | | |
| OTHER FOWL | | | | | |
| FISH (SPECIES NOT REQUIRED) | | | | | |
| | | | | | |
| | | | | | |
| ALL LAB ANIMALS SUCH: RABBITS, GUINEA PIGS, HAMSTERS, ETC. EXCLUDING AS MICE <i>genus Mus</i>, AND RATS <i>genus Rattus</i> | | | | | |
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| ANIMAL SPECIES | Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | Number of Animals involved in experimental procedures that involve no pain or distress or are tranquilized only – No Surgery | Number of animals involved in surgery which requires ANESTHESIA, analgesic, or tranquilizing drug | ***Number of animals involved in procedures that induced pain or distress in which the use of anesthetic, analgesic, or tranquilizing drugs is contraindicated due to impacts on research results | FOR OFFICIAL USE ONLY |
|---|---|--|---|---|-----------------------|
| | | | | | |
| OTHER ANIMALS SUCH AS DOGS, CATS, NON-HUMAN PRIMATES, HORSES, DEER, ELK, SQUIRREL, ETC | | | | | |
| DOGS | 13 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SIGNATURE OF CERTIFICATION BY AREA DIRECTOR | | | | DATE MM/DD/YYYY | |

REQUIRED to fill out additional information when pain is induced but not relieved – complete the “Documentation Painful Procedures without Relief” form