

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 93-R-0158
CUSTOMER NUMBER: 7854

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Antibodies, Inc.
P. O. Box 1560
Davis, CA 95617

Telephone: (530)-758-4400

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. Species	B. Number of animals being bred or produced for use in research, testing, experiments, surgery, or tests conducted involving no pain, distress, or use of pain-relieving drugs.	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 an 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 the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, res 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 (COLUMN C + D + E)
Human Dove By The Animal Albino Redhead					
Dog					
Cat					
Rabbit	7	2			
Rabbit		223			
Rabbit		1			
Rabbit		23			
Rabbit					
Rabbit					
Rabbit					
Rabbit					
Rabbit					
Rabbit					
Rabbit					

ASSURANCE STATEMENTS

- I, the undersigned, certify that the 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, or experimentation were followed by this research facility.
- I, the undersigned, certify that the principal investigator has considered alternatives to painful procedures.
- I, the undersigned, certify that 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 an explanation of the exceptions, as well as the species and number of animals affected.
- I, the undersigned, certify that the 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)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL (b)(6),(b)(7)(c)	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(6),(b)(7)(c)	DATE SIGNED 11/21/08
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(Type or Print)

