

|   |   |                                    |
|---|---|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br><br><b>ANNUAL REPORT OF RESEARCH FACILITY</b><br>( TYPE OR PRINT ) | 1. CERTIFICATE NUMBER: 93-F-0018<br><br>CUSTOMER NUMBER: 1245 | FORM APPROVED<br>OMB NO. 0579-0036 |
| Lawrence Livermore National Laboratory<br>P.O. Box 808, L452<br>Livermore, CA 94551<br><br>Telephone: (925) -422-0663                                       |   |                                    |

**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 )

(b)(2)High, (b)(7)(F)

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**RESEARCH CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

| A.<br>Animals Covered<br>By The Animal<br>Welfare Regulations | B. Number of animal<br>being bred,<br>conditioned, or<br>held for use in<br>teaching, testing,<br>experiments,<br>research, or<br>surgery but not yet<br>used for such<br>purposes. | C. Number of<br>animals upon<br>which teaching,<br>research,<br>experiments, or<br>tests were<br>conducted<br>involving no pain,<br>distress, or use of<br>pain-relieving<br>drugs. | D. Number of animals upon<br>which experiments,<br>teaching, research,<br>surgery, or tests were<br>conducted involving<br>accompanying pain or<br>distress to the animals an<br>for which appropriate<br>anesthetic, analgesic, or<br>tranquilizing drugs were<br>used. | E. Number of animals upon which teaching, experiments,<br>research, surgery or tests were conducted involving<br>accompanying pain or distress to the animals and for wh<br>the use of appropriate anesthetic, analgesic, or tranquiliz<br>drugs would have adversely affected the procedures, res<br>or interpretation of the teaching, research, experiments,<br>surgery, or tests. ( An explanation of the procedures<br>producing pain or distress in these animals and the reas<br>such drugs were not used must be attached to this report | F.<br>TOTAL NUMBER<br>OF ANIMALS<br><br>( COLUMNS<br>C + D + E ) |
|---|---|---|--|--|--|
| 4. Dogs   |   |   |  |  | 0  |
| 5. Cats   |   |   |  |  | 0  |
| 6. Guinea Pigs  |   |   |  |  | 0  |
| 7. Hamsters   |   |   |  |  | 0  |
| 8. Rabbits  |   |   |  |  | 0  |
| 9. Non-human Primates   |   |   |  |  | 0  |
| 10. Sheep   |   |   |  |  | 0  |
| 11. Pigs  |   |   |  |  | 0  |
| 12. Other Farm Animals  |   |   |  |  | 0  |
| 13. Other Animals   |   |   |  |  | 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 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 )

NOV 21 2008

|                                   |  |                             |
|-----------------------------------|--|-----------------------------|
| SIGNATURE<br><br>(b)(6),(b)(7)(c) | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )<br><br>(b)(6),(b)(7)(c) | DATE SIGNED<br><br>11/13/08 |
|-----------------------------------|--|-----------------------------|