



## Inspection Report

METABASIS THERAPEUTICS, INC.

Customer ID: **1118**

Certificate: **93-R-0279**

Site: 002

11119 NORTH TORREY PINES ROAD

METABASIS THERAPEUTICS, INC.

Type: ROUTINE INSPECTION

Date: Jun-09-2009

LA JOLLA, CA 92037

### 2.27 (a)

#### NOTIFICATION OF CHANGE OF OPERATION.

(a) A registrant shall notify the AC Regional Director by certified mail of any change in the name, address, or ownership, or other change in operations affecting its status as an exhibitor, carrier, or intermediate handler, within 10 days after making such change.

-Vivarium has ceased operation since third week of May 2009 but failed to notify AC Regional Director. I was told by the Building Manager that there was only a skeleton crew left in the facility. I informed him that a responsible individual in their company should notify Animal Care in writing about this change in operation.  
**CORRECT WITHIN TEN WORKING DAYS FROM RECEIPT OF THIS REPORT.**

**Prepared By:**

MANUEL A ADVIENTO, D.V.M. USDA, APHIS, Animal Care

**Date:**

**Title:** VETERINARY MEDICAL OFFICER Inspector 5001

Jun-09-2009

**Received By:**

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

**Date:**

**Title:**

Jun-09-2009



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LA JOLLA, CA 92037

Date: Aug-12-2008

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No non-compliant items identified this inspection.

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**Prepared By:**

MANUEL A ADVIENTO, D.V.M. USDA, APHIS, Animal Care

**Date:**

**Title:** VETERINARY MEDICAL OFFICER Inspector 5001

Aug-12-2008

**Received By:**

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

**Date:**

**Title:**

Aug-12-2008



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Date: Mar-13-2008

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No non-compliant items identified this inspection.

Discussed rationale for number of animals to use in study.

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**Prepared By:**

MANUEL A ADVIENTO, V.M.O. USDA, APHIS, Animal Care

**Date:**

**Title:** VETERINARY MEDICAL OFFICER Inspector 5001

Mar-13-2008

**Received By:**

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

**Date:**

**Title:**

Mar-13-2008



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LA JOLLA, CA 92037

Date: Jul-16-2007

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No non-compliant items identified this inspection.

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**Prepared By:**

MANUEL A ADVIENTO, D.V.M. USDA, APHIS, Animal Care

**Date:**

**Title:** VETERINARY MEDICAL OFFICER Inspector 5001

Jul-16-2007

**Received By:**

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

**Date:**

**Title:**

Jul-16-2007