

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 50-R-0006  
CUSTOMER NUMBER: 45

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

University Of Delaware  
Office Of Lab Animal Medicine  
020 Wolf Hall  
Newark, DE 19716

Telephone: (302) -831-2400

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 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 accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz 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 reasr 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				4	4
8. Rabbits		2	14		16
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
Sika Deer			94		94
Gray Squirrel		5			5

**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 rest 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 ap 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 inc 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 )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

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

10/15/00

*NP*

## Column E Explanation

2.5

This form is intended as an aid to completing the Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

1. Registration Number: 50-R-0006

2. Number 4 of animals used in this study.

3. Species (common name) Hamster of animals used in the study.

4. Explain the procedure producing pain and/or distress.

SEE ATTACHED.

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see Item 6 below)

SEE ATTACHED.

6. What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

Agency \_\_\_\_\_ CFR \_\_\_\_\_

University of Delaware  
Office of Lab Animal Medicine  
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October 2, 2008

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FY 10/1/07 – 9/30/08

Explanation of E.7:

Four hamsters, under the control of our research facilities, have been subjected to procedures, which may have caused pain or distress, without the use of anesthetics, analgesics or tranquilizing drugs. The hamsters were being used as a bait to attract mosquitoes to monitor for West Nile Virus. The mosquitoes being monitored, *Culex pipiens*, are a known vector of West Nile Virus.

The procedure entailed placing the hamster into a sealed compartment. The hamster had access to food, water and fresh air. Directly beneath the hamster was a small battery operated fan which would draw up and then trap the mosquitoes into another compartment. This project was run for 3 months and the hamsters were used 2 times per week. Various sites in (b)(2)High, (b)(7)f were selected. At no time did the hamster show any signs of pain or distress. The hamsters were never directly exposed to any mosquitoes during this project.

Past studies have found hamsters to be a very reliable mosquito attractant.