

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)	1. CERTIFICATE NUMBER: 14-R-0019 CUSTOMER NUMBER: 107	FORM APPROVED OMB NO. 0579-0036
Harvard Medical School Ctr Anm Res/Comp Med 665 Huntington Av Boston, MA 02115 Telephone: (617) -432-1285		

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 o 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 reas such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs			14		14
5. Cats	8		21		21
6. Guinea Pigs		6	102		108
7. Hamsters					
8. Rabbits	10	5	105		110
9. Non-human Primates	1320	10	650		660
10. Sheep			6		6
11. Pigs			47		47
12. Other Farm Animals					
Ferret			20		20
13. Other Animals					

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 an 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)

SIGNATURE OF CEO OR INSTITUTIONAL OFFICIAL: _____ DATE SIGNED: 11-25-08

b6, b7c

APHIS Form 7023 Site List

The following sites have been reported by the facility

Registration Number: 14-R-0019
 Customer Number: 107
 Facility: HARVARD MEDICAL SCHOOL
 CTR ANM RES/COMP MED 665 HUNTINGTON AV
 BOSTON, MA 02115

(b)(2)High, (b)(7)f

HARVARD SCHOOL OF MEDICINE
 665 HUNTINGTON AVENUE
 BOSTON, MA 02115

SiteNo: 1 Name/Dept: Center for Animal Resources &
 Comparative Medicine (ARCM)
 Address: Boston, MA 02115

(1) Building:

(b)(2)High, (b)(7)f

Floor/Room:

Contact Person:

Phone Number

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

(2) Building:

(b)(2)High, (b)(7)f

Floor/Room:

Contact Person:

Phone Number

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

(3) Building:

(b)(2)High, (b)(7)f

Floor/Room:

Contact Person:

Phone Number

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

(4) Building:

(b)(2)High, (b)(7)f

Floor/Room:

Contact Person:

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

Phone Number

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

(5) Building:

(b)(2)High, (b)(7)f

Floor/Room:

Contact Person:

Phone Number

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

SiteNo: 17 Name/Dept:

Address:

Building:

Floor/Room:

Contact Person:

Phone Number:

(b)(2)High, (b)(7)f

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