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| 27 ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | | | 2. HEADQUARTEF . include Zip Cod | AS RESEARCH FACILITY (Name and A 11-R-0001, Cust Id 1960 JACKSON LABORA LURI, THE 600 MAIN STREET BAR HARBOR, ME 04609 | ldress, as recustore | USDA, | |
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| | | FAC | CILITY LOCA | TIONS (Sites) | | | |
| 600 Main Street | Bar Harbor | <u>, Me. 04609</u> | | | | | |
| REPORT OF ANIMALS USED BY O | R UNDER CONTROL OF | RESEARCH FACILITY | (Alfach adu | ditional sheets if ne | cessary or use APHIS FORM 7023A.) | | |
| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals 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. | which e teachin surgery conduc accomp distress and for anesthe | r of animals upon experiments, g, research, , or tests were ted involving sanying pain or s to the animals which appropriate alic, analgesic, or lizing drugs were | E. Number of animals upon which te experiments, research, surgery or conducted involving accompanyi to the animals and for which the anesthetic, analgesic, or tranquil have adversely affected the prociniterpretation of the teaching, resexperiments, surgery, or tests. (A the procedures producing pain or animals and the reasons such dr must be attached to this report). | r tests were ng pain or distress use of appropriate izing drugs would edures, results, or search, kn explanation of ir distress in these | F. TOTAL NO OF ANIMALS (Cols. C + D + E) |
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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL

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| 3. REPORTING FACILITY (List all I sheets if necessary.) | locations where animals | were housed or used i | n actual res | earch, testing, SC | OUTH PORTLAND, ME 04106 | | ch additional |
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| | CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFIC (Chief Executive Officer or Legally Responsible Institutional Official Ecertify that the above is true, correct, and complete (7.0.5.C. Section 2143) | | |
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| SIGN. | | e or Print) | DATE SIGNED |
| APHIS FORM 7023 (AUG 91) | (Replaces VS FORM 18-23 (OCT 88), which is obsolete) | | |

Site: 001 Status: Active Maine Medical Center Maine General/1870 Building 22 Bramhall Street Portland, ME 04102-3175 County: Cumberland Contact Person: (b)(6), (b)(7)(c)

Site: 002 Status: Deleted Maine Med. Center Research Institute Endocrine Research Laboratory 125 John Roberts Road South Portland, ME 04106 County: Cumberland Contact Person:

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

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| | ASSURANCE STATEMENTS | | | | | | l |

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|---|--|-------------|--|--|
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED | | |

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APHIS FORM 7023 (Replaces VS FORM 18-23 (OCT 88), which is obsolete) (AUG 91)

| UNITED STAT | ES DEPARTMENT OF A | GRICULTURE | 1 REGISTRATIO | N NO | |
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| B. REPORTING FACILITY (List all I sheets if necessary) | ocations where animals | were housed or used | in actual research, testing, tead | ching, or experimentation, or held for these purposes. Att | ach additional |
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| REPORT OF ANIMALS USED BY C | R UNDER CONTROL OF | RESEARCH FACILITY | l (Attach adie | litional sheets if ne | cessary or use APHIS FORM 7023A.) | | |
| A Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in reaching, testing, experiments, research, or surgery but not yet used for such purposes. | C Number of animals upon which leaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs. | which e teachin surgery conduc accomp distress and lor anesthe | r of animals upon xperiments, g, research, , or lests were led involving banying pain or to the animals which appropriate thic, analgesic, or izing drugs were | E. Number of animals upon which t experiments, research, surgery o conducted involving accompany to the animals and for which the anesthetic, analgesic, or tranqui have adversely allected the proc interpretation of the teaching, re experiments, surgery, or tests. (the procedures producing pain of animals and the reasons such d must be attached to this report). | in tests were ing pain or distress use of appropriate hizing drugs would redures, results, or search, An explanation of or distress in these | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
| 4. Dogs | | | | | | | |
| 5. Cats | | | | | | | |
| 6. Guinea Pigs | | | | | - | | |
| 7. Hamsters | | | | | | | |
| 8. Rabbits | | | | <u></u> | | | |
| 9. Non-human Primates | | | | | | | |
| 10. Sheep | | | | | | <u> </u> | |
| 11. Pigs | | | | <u></u> | | | |
| 12. Other Farm Animals Goats | 0 | 16 | | 0 | 0 | | 16 |
| 13. Other Animals | 0 | 10 | | 0 | U | , | 16 |
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| ASSURANCE STATEMENTS | | | | | | | |

 Professionally acceptable standards governing the care, treatment, and use of animals, including approriate 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 HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O.

DATE SIGNED 10/17/00

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| (** | | | | | 56 EVERGREEN DRIVE | | |
| | | | | | PORTLAND, ME 04103 | | |
| 3. REPORTING FACILITY (List all I sheets if necessary.) | ocations where animals | were housed or used i | n actual res | earch, testing, teac | ning, or experimentation, or now to | | Jditional |
| | | FAC | LITY LOCA | TIONS (Siles) | | | |
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| REPORT OF ANIMALS USED BY O | R UNDER CONTROL OF | RESEARCH FACILITY | (Attach adu | litional sheets if ne | cessary or use APHIS FORM 7023A.) | | |
| A Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in | C Number of animals upon which teaching, research, experiments, or | which e teachin surgery | r of ammals upon xperiments, g, research, , or tests were led involving | E. Number of animals upon which te experiments, research, surgery or conducted involving accompanyi to the animals and for which the anesthetic, analgesic, or tranguili | r tests were ng pain or distress use of appropriate | F. TOTAL NO. OF ANIMALS |
| include incigate none | teaching, lesting, experiments, | tests were conducted | accomp | banying pain or to the animals | have adversely affected the proce interpretation of the teaching, res | search, | |
| | research, or surgery but not yet used for such purposes. | involving no pain, distress, or use of pain- relieving drugs. | and for anesthe | which appropriate etic, analgesic, or lizing drugs were | experiments, surgery, or tests. (A the procedures producing pain o animals and the reasons such dr must be attached to this report). | r distress in these | (Cols. C + D + E) |
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DATESIGNED

| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE | | | 1 REGISTR | ATION NO. | FORM APPROVED OM8 NO 0579-0036 |
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| (TY | PE OR PRINT) | | | BIO PRODUCTS, INC. | |
| | | | | 29 TAYLOR STREET, SUITE 1 PORTLAND, ME 04102 | |
| 3. REPORTING FACILITY (List all lo | ocations where animals | were housed or used i | n actual research, testing | | purposes. Attach additional |
| sheets if necessary.) | | | | | |
| | | FAC | CILITY LOCATIONS (Siles) | | ······································ |
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| 4. Dogs | | | | | |
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| | CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) Legitly that the above is true, correct, and complete (7 USC Section 2143) | |
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| SIGN4 | | DATE SIGNED |
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| Il redactions on this page 3. REPORTING FACILITY (List all sheets if necessary.) | | | | 85 TEXAS AVENUL | ouach additional | |
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| A Animals Covered By The Animal Welfare Regulations | B Number of animals 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 and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used | E. Number of animals upon which tead experiments, research, surgery or to conducted involving accompanying to the animals and for which the us anesthetic, analgesic, or tranquilizin have adversely affected the proced interpretation of the teaching, rese- experiments, surgery, or tests. (An the procedures producing pain or or animals and the reasons such drug must be attached to this report). | ests were pain or distress e of appropriate of drugs would ures, results, or arch, explanation of distress in these D + E | |
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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

Ecertify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE O

| DATE SIGNED |
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| | | | | include Zip Cod | | EXX Laborator | ies, Inc. | | |
| ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | | | | One IDEXX Drive | | | | | |
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| REPORTING FACILITY (List all I sheets if necessary) | ocations where animals | were housed or used in | n actual res | earch, lesting, leach | ning, or exp | erimentation, or held for th | hese purposes. Atta | ch additional | |
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| Welfare Regulations | heid for use in teaching, testing, | research, surgery, or tests were experiments, or conducted involving tests were accompanying pain or | | ted involving | anesthetic, analgesic, or tranquilizing drugs have adversely affected the procedures, res | | cedures, results, or | OF ANIMA | |
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