



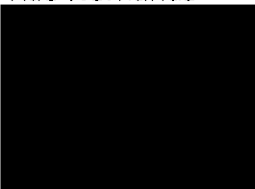
LARRY N. VANDERHOEF  
Chancellor at Davis

OFFICE OF THE VICE CHANCELLOR-ADMINISTRATION  
ONE SHIELDS AVENUE  
DAVIS, CALIFORNIA 95616-8540

JANET C. HAMILTON  
Vice Chancellor-Administration

May 11, 2000

Rae Newlands



*Dear C.E.P.E.  
please let me know what  
you glean from this - particularly  
my four.*

RE: California Public Records Act Request

*Best wishes and thank you  
for all that you are trying to do.*

Dear Mrs. Newlands,

This is in response to your February 25, 2000 letter in which you request all records pertaining to animals 24557, 30749, 23997, and 28545. We received your check in the amount of \$14.00 for the copying of the records and have enclosed a receipt.

The following records that are responsive to your request are enclosed:

*Love,  
x Rae x*

- 1) All of the pages from the health jackets of 24557, 30749, 23997, and 28545 (102 pages).
- 2) Animal Demographic/Medical Profiles for animals 24557, 30749, 23997, and 28545 (13 pages).
- 3) Protocols for Animal Use and Care that describe studies in which animals are involved - Protocol #8048 for animal # 30749; Protocol #8051 for animal #24557; Protocol # 8705 for animal #28545 (22 pages).
- 4) The California Regional Primate Research Center's (CRPRC) Standard Operating Procedure for feeding (3 pages).

We have redacted personally identifying information concerning individuals directly involved in research activities concerning primates due to verbal and physical harassment, including death threats, that have been made against these individuals. This information is withheld pursuant to section 6255 of the California Public Records Act which permits the University to not disclose records when the public interest served by not making the records public clearly outweighs the public interest served by disclosure of the record. In this case the public interest in withholding personally identifying information about these individuals due to actual harassment and threats of harassment that have occurred and continue to occur clearly outweighs the public interest in the disclosure of this information. See, e.g., Times Mirror Co. v. Superior Court, 53, Cal.3d 1325 (1991) (public interest in withholding the appointment calendars of the Governor of California due to "potential threat to the Governor's physical security" outweighed public interest in disclosure of the calendars); New York Times Co. v. Superior Court, 218 Cal.App.3d 1579 (1990) (names of persons who have violated water allocation limits may be withheld when there is evidence that release of such information may subject those persons to harassment or assault).

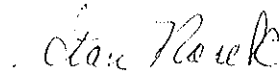
We have also redacted information that would identify the drug and its manufacturer as information that is subject to the California state law privileges for 'official information' (Evidence Code § 1040) and 'trade secret' (Evidence Code § 1060). 'Official information' subject to the privilege is information acquired in confidence by a University employee in the course of his or her duty and not open, or officially disclosed, to the public (Evidence Code § 1040). The pharmaceutical companies sponsoring the research trials have insisted that identifying information regarding the company and the drug name being studied be held in confidence by the University. There is a significant public interest in maintaining this confidence as release of such information would likely chill the interest of pharmaceutical companies in allowing the University to conduct the research trials, thereby foregoing the important research and teaching opportunities afforded to the University by such research trials.

The 'trade secret' privilege permits the owner of a trade secret to refuse to disclose the secret, and for the owner to prevent others from disclosing the secret. Information regarding the names of new drugs that were the subject of University studies falls within the definition of 'trade secret' as it is information that derives independent economic value from not being generally known to the public or to other persons who can obtain economic value from its disclosure or use and has been the subject of reasonable efforts to maintain its secrecy. The information that a particular drug is involved in a research study has economic value, both positive and negative, to the competitors of the drug manufacturer. It is for these reasons that the pharmaceutical companies have sought to ensure the secrecy of this information in their agreements with the University for conducting the trials.

In response to the questions you reiterated in your last letter, dated May 2, 2000, there are approximately 3,800 primates kept at the CRPRC. They currently have three species of primates: rhesus, cynomolgus, and titi monkeys.

Should you have any additional requests, please let me know.

Sincerely,



Stan Nosek  
Information Practices Coordinator  
(530) 752-6264

Enclosures

**PROTOCOL FOR ANIMAL USE AND CARE**

*Handwritten forms are not accepted*

CRPRC

EH&S USE ONLY  
**PROTOCOL**  
 # **8051**  
**EXPIRES: APR 30 2001**

**Investigator**

Last Name:	[REDACTED]
First:	[REDACTED]
Middle:	[REDACTED]
email:	[REDACTED]
Dept.:	CRPRC
Phone:	[REDACTED]
Fax:	[REDACTED]

**Contact**

Last Name:	[REDACTED]
First:	[REDACTED]
Middle:	[REDACTED]
email:	[REDACTED]
Dept.:	CRPRC
Phone:	[REDACTED]
Fax:	[REDACTED]

Species (common names):	Number:	Source:
Cynomolgus Macaque	216	PTF Colony at CRPRC

**Project Title** PTF Colony Animal Husbandry

Overnight housing location:: CRPRC Day use only :

Animals will be maintained by:  Vivarium  Investigator (If investigator maintained, attach husbandry SOP's.)

**Procedures:** Provide a one or two sentence layman's description of the procedures employed on the animals in this project. This information will help the animal care staff understand any conditions they may encounter while caring for your animals.

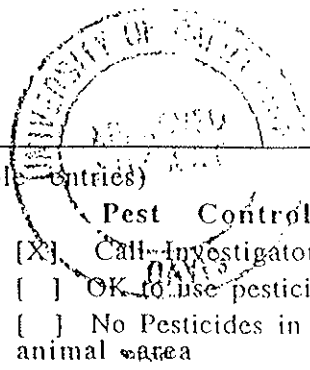
Routine animal husbandry as per CRPRC guidelines will be used for the animals in the Primate Testing Facility (PTF) colony. Any animals placed on studies will be assigned to a specific AU&C protocol for that study.

**Special Husbandry Requirements:** Describe any special requirements your animals have with respect to food, water, temperature, humidity, light cycles, caging type, bedding, or any other conditions of husbandry.

No special husbandry requirements will be needed.

Other instructions for animal care staff: (check applicable entries)

<b>Sick Animals</b>	<b>Dead Animals</b>	<b>Pest Control</b>
<input checked="" type="checkbox"/> Call Investigator	<input checked="" type="checkbox"/> Call Investigator	<input checked="" type="checkbox"/> Call Investigator
<input checked="" type="checkbox"/> Clinician to treat	<input type="checkbox"/> Save for Investigator	<input type="checkbox"/> OK to use pesticides
<input type="checkbox"/> Terminate	<input type="checkbox"/> Bag for disposal	<input type="checkbox"/> No Pesticides in animal area
<input type="checkbox"/> Necropsy	<input checked="" type="checkbox"/> Necropsy	



**Hazardous Materials (only if in the animal room):**

Infectious Agents?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agent(s):	
Radioisotopes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agent(s):	
Chemical Carcinogens?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agent(s):	
Toxic Chemicals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agent(s):	

Is the project already funded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously approved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Funding Source:	NIH	Previous protocol number (if any):	6721

What Veterinarian or veterinary clinic will provide care for your animals? (check one)

<input type="checkbox"/>	Lab Animal Health Clinic ( 2-0514 )	<input checked="" type="checkbox"/>	California Primate Research Center ( 2-0447 )
<input type="checkbox"/>	VMTH Large Animal Field Service ( 2-0292 )	<input type="checkbox"/>	Another Veterinarian

If you checked "Another Veterinarian", please provide:

Veterinarian:		Address:	
Day phone:			
Emergency phone:		Email:	

*If your veterinarian is not affiliated with one of the three service units listed above, please contact the campus veterinarian, 2-2357 (email pctillman@ucdavis.edu) for current information about training and record keeping requirements.*

**Summary of Procedures:**

a) Briefly describe the **overall intent** of the study. Include in your description a statement of your hypothesis, the objectives and significance of the study. Your target audience is a faculty member from a discipline unrelated to yours. Do not use jargon.

The California Regional Primate Research Center (CRPRC) has served for a number of years as a centralized Primate Testing Facility (PTF) for the Contraceptive Development Branch of NICHD. Our primary objective is to develop a broad but detailed understanding of male and female reproduction in a nonhuman primate species that might serve as a reliable model for humans. This model has become a focus for research by a group of investigators from the Schools of Medicine and Veterinary Medicine who have extensive and ongoing experience in human reproductive endocrinology, gamete biology, immunology and embryology.

b) Procedures employed in this project:

Please check the appropriate boxes if any of these procedures will be employed in your project:

- Monoclonal Antibody Production \*\*
- Polyclonal Antibody Production \*\*
- LD 50 or ID50 studies.
- catheters, blood collection, intubation
- Prolonged restraint. (8 hrs+)
- Fasting prior to a procedure.
- Food or water restriction
- Non-recovery surgical procedures
- Survival surgical procedures
- Multiple survival surgery
- Behavioral modification.
- Aversive conditioning.
- Special diets; food or water treatment.
- Induced illness, intoxication, or disease
- Death as an endpoint (see h below)
- Trapping, banding or marking wild animals

\*\* If this protocol only describes antibody production, you may use the attached antibody production page in lieu of completing section c below.

c) Describe the use of animals in your project in detail, with special reference to any of procedures checked above. Include any physical, chemical or biological agents that may be administered. List each study group, and describe all the specific procedures that will be performed on each animal in each study group. Use terminology that will be understood by individuals outside your field of expertise. (Note: This cell will expand to whatever length you require. You may make this section as long as you wish, but try to be concise. Some projects may require one or two pages.)

All animals will be maintained under normal CRPRC guidelines of animal care. Any animals placed on individual studies pertaining to the PTF contract will be reassigned to a specific AU&C protocol.

d) **Study Groups and Numbers:** Define, in the form of a table, the numbers of animals to be used in each experimental group described above. The table may be presented on a separate page as an attachment to this protocol if you prefer. The Normal format should be three columns: Study Group, Procedure, Number of animals. The number of rows should follow from the number of study groups; you may add as many rows as you require. The chart must fully account for the number of animals you intend to use under this protocol. Assign each group to an invasiveness category according to the chart below.

Group	Procedures / Drugs	Number of Animals	Category

**Categories of invasiveness**

Category	Description
1	<p>Little or no discomfort or stress</p> <p><b>Examples:</b> domestic flocks or herds being maintained in simulated or actual commercial production management systems; the short-term and skillful restraint of animals for purposes of observation or physical examination; blood sampling; injection of material in amounts that will not cause adverse reactions by the following routes: intravenous, subcutaneous, intramuscular, intraperitoneal, or oral.</p>
2	<p>Minor stress or pain of short duration</p> <p><b>Examples:</b> cannulation or catheterization of blood vessels or body cavities under anesthesia; minor surgical procedures under anesthesia, such as biopsies or laparoscopy; short periods of restraint beyond that required for simple observation or examination, but consistent with minimal distress</p>
3	<p>Moderate to severe distress</p> <p><b>Examples:</b> major surgical procedures conducted under general anesthesia, with subsequent recovery; prolonged (several hours or more) periods of physical restraint; induction of behavioral stresses such as maternal deprivation</p>
4	<p>Severe pain near, at or above the pain tolerance threshold</p> <p><b>Examples:</b> exposure to noxious stimuli or agents whose effects are unknown; exposure to drugs, chemicals, or infectious agents at levels that markedly impair physiological systems and which cause death, severe pain, or extreme distress; Surgical experiments which have a high degree of invasiveness.</p>

Further descriptions of these categories are included in the instructions following this document.

e) **Rationale for species and numbers:** How did you determine that the species choice was appropriate and the number of animals in the groups above was the minimum number necessary to achieve sound scientific results?

The cynomolgus monkey was chosen for these types of studies because of its size, lack of seasonality and its similarity to humans in many aspects of reproductive function. The Primate Testing Facility is a contract supported by NICHD and the terms of the contract request a maximum of 216 animals available for contraceptive testing. Please note that the table listed above does not apply for this protocol. These animals will not be placed into any study groups under this specific protocol.

f) **Surgery:** If the project involves survival surgery, where will the surgery be conducted?

Building:

Room:

Who will be the surgeon?

g) **Anesthetics, Analgesics, Tranquilizers, Neuromuscular blocking agents:**

Post procedural analgesics should be given whenever there is possibility of pain or discomfort that is more than slight or momentary. If postoperative analgesics are not to be given, justify the practice under part (i) below.

Provide the following information about any of these drugs that you intend to use in this project.

Species	Drug	Dose (mg/kg)	Route	When and how often will it be given?

h) **Neuromuscular blocking agents** can conceal inadequate anesthesia and therefore require special justification. If you are using a neuromuscular blocking agent, please complete the following:

Why do you need to use a neuromuscular blocking agent?

What physiologic parameters are monitored during the procedure to assess adequacy of anesthesia?

Under what circumstances will incremental doses of anesthetics-analgesics be administered?

**i) Adverse effects:**

Describe any potential adverse effects of the experiment on the animals (such as pain, discomfort; reduced growth, fever, anemia, neurological deficits; behavioral abnormalities or other clinical symptoms of acute or chronic distress or nutritional deficiency)

There will not be any adverse effects because no experiment will be conducted.

How will the signs listed above be ameliorated or alleviated? If signs are not to be alleviated or ameliorated by means of post-operative analgesics or other means, explain why this is necessary.

Any clinical signs from a disease process will be treated by CRPRC Veterinary staff.

*Note: if any unanticipated adverse effects not described above do occur during the course of the study, a complete description of those effects and the steps taken to mitigate them must be submitted to the committee as an amendment to this protocol.*

Is death an endpoint in your experimental procedure?     Yes     No

*(Note: "Death as an endpoint" refers to acute toxicity testing, assessment of virulence of pathogens, neutralization tests for toxins, and other studies in which animals are not euthanized, but die as a direct result of the experimental manipulation). If death is an endpoint, explain why it is not possible to euthanize the animals at an earlier point in the study. If you can euthanize the animals at an earlier point, describe the clinical signs which will dictate that an animal will be euthanized.*

**j) Literature search for alternatives and unnecessary duplication:**

*This section is specifically required by Federal law. You are required to conduct a literature search to determine that either 1) there are no alternative methodologies by which to conduct this study, or 2) there are alternative methodologies, but these are not appropriate for your particular study. "Alternative methodologies" refers to reduction, replacement, and refinement (the three R's) of animal use, not just animal replacement. You must also show that the study is not unnecessarily duplicative of other studies.*

What was the date on which you conducted this search?

N/A

List the databases searched or other sources consulted (there should be more than one). Include the years covered by the search.

Database Name	Years Covered	Keywords / Search Strategy



What were your findings with respect to alternative methodologies?

Since there are no experimental procedures that will be conducted in this protocol, no databases were searched for alternative methodologies. This protocol is for basic animal husbandry procedures that are employed at the primate center, and will be performed on the PTF colony animals.

Has this study been previously conducted? N/A  Yes  No

If the study has been conducted previously, explain why it is scientifically necessary to replicate the experiment.

N/A

k) Disposition of animals: At what point in the study, if any, will the animals be euthanized?

Euthanasia will be done by clinician's advice.

l) Methods of euthanasia: Even if your study does not involve killing the animals, you should show a method that you would use in the event of unanticipated injury or illness. If anesthetic overdose is the method, show the agent, dose, and route.

Species	Method	Drug	Dose (mg/kg)	route
M. Cynomolgus	as per CRPRC guidelines	Barbituate	overdose	as per CRPRC guidelines

m) Surplus animals: What will you do with any animals not euthanized at the conclusion of the project?

Animals will remain in the colony

n) **Project Roster:** Please provide the names of all the individuals who will work with animals on this project. This page will not be made available to the public. Give either the University Employee ID # or a valid UC Davis email address so that we can document training and occupational health compliance for regulatory agencies. Include all investigators, student employees, post-doctoral researchers, staff research associates, post-graduate researchers and laboratory assistants who will actually work with the animals. You don't need to include the staff of the vivarium in which your animals will be housed.

The principal investigator is responsible for keeping this roster current. If any staff is added or subtracted from this project, you must amend the protocol by sending the campus veterinarian a memo describing any changes.

Last Name	First Name	Middle Name	UC ID Number or SSN	Email Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Occupational Health Program:**

Supervisors must enroll their employees in the campus Occupational Health Program if the workers are at increased risk of illness or injury (such as allergy, physical injury, or infectious disease) because of their work. Enroll workers by having them complete an "Animal Contact History Form", available from Employee Health Services (phone 752-2330). For further information, visit our web site at <http://clueless.ucdavis.edu/health/> or read the UC Davis Policy & Procedure Manual 290-25.

**Training:**

Supervisors are responsible for insuring that their employees are adequate trained, both in the specifics of their job and in the requirements of the Federal Animal Welfare Act. EH&S offers free, basic wet labs in laboratory animal handling and techniques, and lecture format classes in the requirements of the Animal Welfare Act. To schedule a class for your unit, contact EH&S at 2-2364. Autotutorials are also available on the world wide web at <http://clueless.ucdavis.edu/>.

Assurances for the Humane Care and Use of Vertebrate Animals:  
Principal Investigator's Statement:

I have read and agree to abide by the *UC Davis Policy and Procedure Manual* section 290-30 (Animal Use and Care). This project will be conducted in accordance with the *ILAR Guide for the Care and Use of Laboratory Animals*, and the *UC Davis Animal Welfare Assurance* on file with the US Public Health Service. (These documents are available from the Campus Veterinarian and at <http://ehs.ucdavis.edu/>). I will abide by all Federal, state and local laws and regulations dealing with the use of animals in research.

I will advise the Animal Use and Care Administrative Advisory Committee in writing of any significant changes in the procedures or personnel involved in this project.

[Redacted Signature]  
Principal Investigator

Prof  
Rank / Title

3/27/98  
Date

[Redacted Signature]  
CRPRC Director

4/1/98  
Date

Committee Use Only Below

<b>** Conditions necessary for Committee Approval:</b>
Final Disposition of this protocol: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Withdrawn by Investigator
Date of Action: <u>APR 30 1998</u>

I verify that the Institutional Animal Care and Use Committee of the University of California, Davis, acted on this protocol as shown above.

[Redacted Signature]  
Campus Veterinarian

APR 30 1998  
Date

10/13/83  
K92

ANIMAL ACQUISITION RECORD

B. Filled out at Quarantine

A. Filled out by Primate Resources

Species ID# MCY 24557  
 Location OU 23-2  
 Charge Unit PTF/105C Colony P  
 Project Code PTF01  
 CPRC Generation 00  
 Mother's ID# (if known) \_\_\_\_\_  
 Father's ID# \_\_\_\_\_  
 Acq'n Date (M-D-Y) 12-13-88

Sex: M  F   
 Previous Identification 709R  
 Date of Birth \_\_\_\_\_ (if known)  
 OR Estimated Age 8 years \_\_\_\_\_ months  
 Comments: 16

VETERINARIAN:

RECORDED BY:

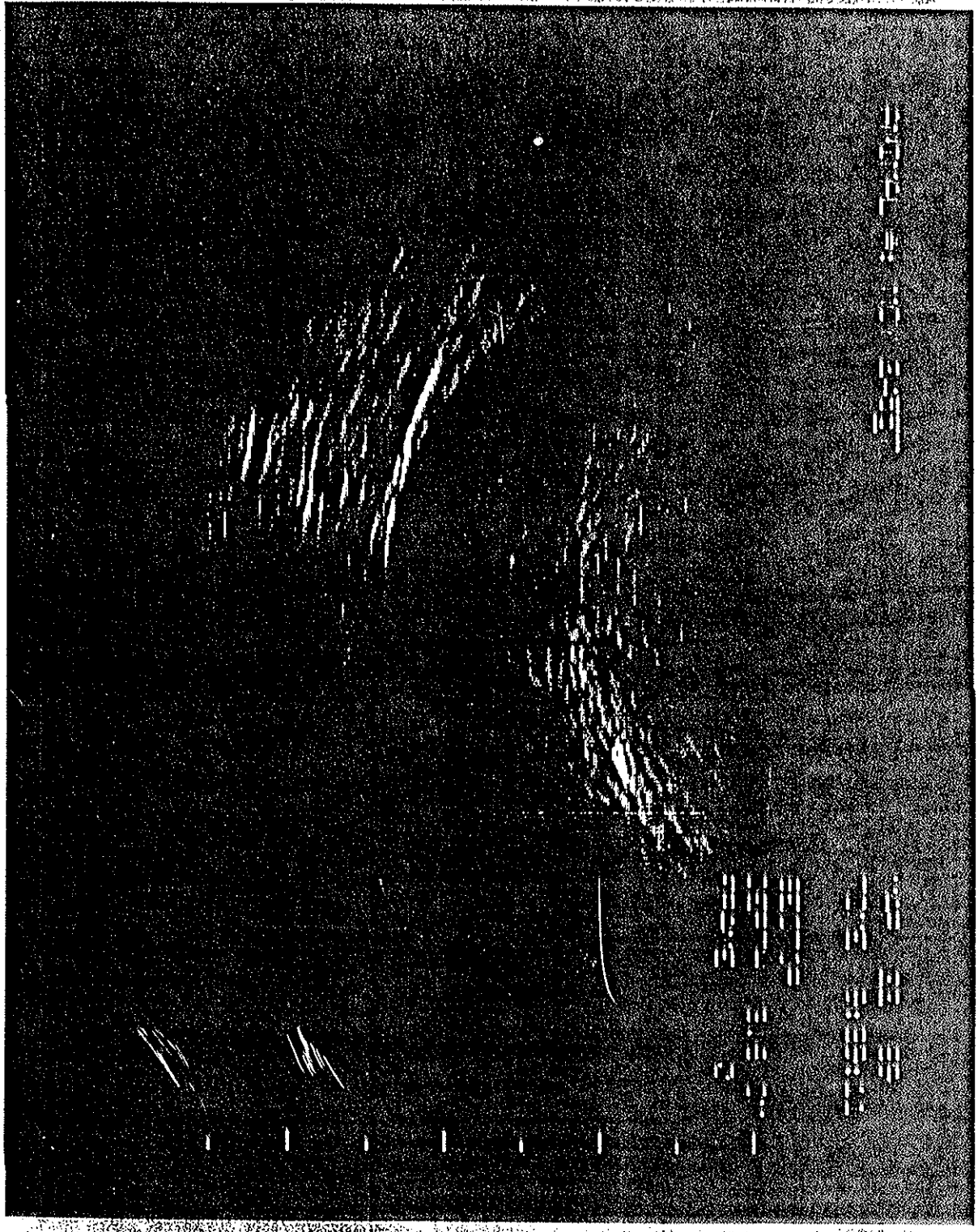
C. Filled out by Primate Resources

ISIS Birthplace: \_\_\_\_\_  
 Institution code (if domestic born) \_\_\_\_\_  
 Geographic code (if wild-caught) \_\_\_\_\_  
 ISIS Acquisition Source: 3105 47 900  
 Institution code \_\_\_\_\_

Census Flags

REMARKS:

RECORDED BY:



**CALIFORNIA PRIMATE RESEARCH CENTER**  
**PHYSICAL EXAM AND EVALUATION/HEALTH CERTIFICATE**

SPECIES/ID# MACY 24557 LOCATION D023-2 DATE 3/22/09  
 REASON FOR EXAM: ROUTINE PRE-SHIPMENT QU SCREEN EXPERIMENTAL  
 T957 OTHER

**ORGAN SYTEMS:** NAO=NO ABNORMALITIES OBSERVED A=ABNORMAL NE=NOT EXAMINED

1. INTEGUMENT	(NAO)	A	NE	6. SPLEEN/L. NODES	(NAO)	A	NE
2. ORAL CAVITY	NAO	(A)	NE	7. RESPIRATORY	(NAO)	A	NE
3. EYES	(NAO)	A	NE	8. DIGESTIVE	(NAO)	A	NE
4. MUSCULOSKELET.	(NAO)	A	NE	9. UROGENITAL	(NAO)	A	NE
5. CIRCULATORY	(NAO)	A	NE	10. OTHER	NAO	A	NE

FEMORAL VESSELS: Right ok Left ok  
 WEIGHT (kg) \_\_\_\_\_ DATE \_\_\_\_\_ CURRENT TB TEST \_\_\_\_\_

**ABNORMAL FINDINGS:** Heavy tartar + gingival erosion  
Moderate sized spleen

**REPRODUCTIVE EVALUATION**

Hard cervix and uterus  
enlarged L ovary

UTERUS (NAO) A NE  
 ADHESIONS: MINOR MODERATE SEVERE  
 PREGNANCY STATUS:  
 PREGNANT: GL (mm)= \_\_\_\_\_ BPD (mm)= \_\_\_\_\_ FL (mm)= \_\_\_\_\_ E/FHR (bpm)= \_\_\_\_\_ Gest. Age (days) \_\_\_\_\_  
 NONPREGNANT: UTERINE SIZE 25 x 13 x 13 CONTOUR/SHAPE \_\_\_\_\_  
 GENDER: M F

REPRODUCTIVELY SOUND  AREPRODUCTIVE  RE-EVALUATE  NOT EVALUATED

COMMENTS: chest rods ok

OVERALL CONDITION: EXCELLENT GOOD (FAIR) POOR

RECOMMENDATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS ANIMAL HAS BEEN EXAMINED AND IS :

- SATISFACTORY FOR SHIPMENT COMMENT: \_\_\_\_\_
- SATISFACTORY FOR PROJECT COMMENT: \_\_\_\_\_
- OTHER COMMENT: \_\_\_\_\_

DATE: 3/22/09 EXAMINING VETERINARIAN: \_\_\_\_\_

**CALIFORNIA PRIMATE RESEARCH CENTER  
SONOGRAPHIC REPRODUCTIVE EVALUATION**

Animal # MY 24557 Age \_\_\_\_\_ Date 3/22/89  
 History:  
NEW ACQUISITION - PTF

Total Uterine Length (mm) 41 Uterine Body (mm) L 25 W 13 H 13  
 Shape (N) Contour (N) Position (N)  
 Texture HOMOGENEOUS  
 Uterine/Endometrial Cavity Echo (Present) Absent Endometrium (mm) \_\_\_\_\_  
 Poor definition of pelvic structures: Yes (No)  
 Localized areas of increased/decreased echogenicity Location: \_\_\_\_\_  
 COMMENTS: ENLARGED OVARY (L)

**PELVIC MASS**

Location and Size: Unilateral - adnexal uterine \_\_\_\_\_ mm  
 Bilateral - uterine extrauterine indeterminate  
 Internal Consistency: Cystic - homogeneous septated solid foci multiple  
 Complex - predominantly cystic predominantly solid  
 Solid - mildly echogenic moderately echog. markedly  
 Borders: Well-defined Mod. well-defined Poorly defined

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHOTOS (#) 1 (DS) P VIDEOTAPED

MCY 24557

QU-23-2

MONKEY HEALTH RECORD

P.R. No. 52716

Monkey No. 769R

Sex ♀

Species Cyno

Project No. 325-126

Supplier PL

On 11-15-79

General Condition Good

T. B. TESTING				T. B. TESTING			
DATE	RESULTS	WT. (KG)	NAME	DATE	RESULTS	WT. (KG)	NAME
10/30/83	OT-R-eye	2.6	Visto	6/10/85	T. B. NEGATIVE		ML
1/2/84	T. B. NEGATIVE		Yemenus	7/23/85	OT-L-EYE	2.7	ML
1/30/84	OT-L-eye	2.3	Visto	7/26/85	T. B. NEGATIVE		ML
2/2/84	T. B. NEGATIVE		Yemenus	10/4/85	OT-R-eye	2.8	el
2/22/84	OT-R-eye	2.4	Yemenus	10/7/85	T. B. NEGATIVE		el
2/25/84	T. B. NEGATIVE		Yemenus	10/11/85	OT-L-eye	2.8	el
7/18/84	OT-L-eye	2.4	Visto	11/15/85	T. B. NEGATIVE		el
7/10/84	T. B. NEGATIVE		Visto	1/16/86	OT-R-EYE	2.6	B
7/18/84	OT-R-eye	2.5	Visto	1/19/86	T. B. NEGATIVE		AV
7/21/84	T. B. NEGATIVE		L. Hon	2/28/86	OT-L-EYE	2.7	AM
9/25/84	OT-L-eye	2.6	L. Hon	3/3/86	T. B. Negative		AM
9/28/84	T. B. NEGATIVE		L. Hon	4/30/86	OT-R-eye	2.6	PW
11/28/84	OT-R-eye	2.8	B	5/3/86	T. B. NEGATIVE		AV
11/20/84	T. B. Negative		B	6/16/86	OT-L-eye	2.5	PW
2/5/85	OT-L-eye	2.6	AV	6/19/86	T. B. NEGATIVE		DH
2/8/85	T. B. NEGATIVE		AV	9/5/86	OT-R-eye	3.0	AM
3/29/85	OT-R-eye	2.8	ML	9/8/86	T. B. NEGATIVE		AM
4/1/85	T. B. NEGATIVE		ML	10/14/86	OT-L-EYE	2.6	DH
5/3/85	OT-L-EYE	2.8	ML	10/17/86	T. B. NEGATIVE		DH
5/6/85	T. B. NEGATIVE		ML	5/4/87	OT-L-EYE	2.9	DH
6/7/85	OT-R-EYE		ML	5/7/87	T. B. NEGATIVE		DH

HL FORM NO. 91

Studies assigned 23,

Verified copy 5C 12-12-88



**MONKEY HEALTH RECORD**

P.R. No. 52716  
 Monkey No. 769-R Sex ♀ Species Cyno Project No. 325-126  
 Supplier PL On 11-15-79 General Condition GOOD

T. B. TESTING				T. B. TESTING			
DATE	RESULTS	WT. (KG)	NAME	DATE	RESULTS	WT. (KG)	NAME
10/31/87	OT-R-EYE	2.7	DH				
11/3/87	T. B. NEGATIVE		DH				
11/12/88	OT-L-EYE	2.7	DH				
1/15/88	T. B. NEGATIVE		DH				
7/29/88	OT-R-EYE	2.9	DH				
8/1/89	T. B. NEGATIVE		DH				
10-25-88	OT-L-EYE	2.7	SC				
10-31-88	T. B. NEGATIVE		SC				
12-9-88	OT-R-EYE	2.6	SC				
12/12/88	T. B. NEGATIVE		TE				

*Verified copy Sc 12-12-88*

Monkey No. 769 R

Sex ♀

Project No. 325-126

Date	Initials	Observations - Remarks - Treatment
5/3/85	MC	MOVED FROM RM. 1318E TO RM. 1076
5/3/85	MC	PROJECT ASSIGNED TO: Study 23
4/29/84	KL	PROJECT ASSIGNED: 325-126
1-1-88	CAF	TEETH CLEANED

Verified copy SC 12-12-88

MENSES RECORD

Project No. 325-126

1988

Monkey No. 769-R

Last Cycle

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN.								X	X	X	X																				
FEB.				X	X	X	X	X	X																						
MAR.					X	X	X	X	X	X																					
APR.					X	X	X	X	X	X																					
MAY					X	X	X	X	X	X																					
JUN.				X	X	X	X	X	X	X																					
JUL.		X	X	X	X	X	X	X	X	X																					
AUG.																															
SEP.																															
OCT.																															
NOV.																															
DEC.																															

Menstrual bleeding: X Breeding: B Ortho-Novum: O Clomid: C See Remarks: R Bled for Serum: S

REMARKS:

Date	Initials

Verified copy SC 12-12-88

**CALIFORNIA PRIMATE RESEARCH CENTER  
PHYSICAL EXAM AND EVALUATION/HEALTH CERTIFICATE**

SPECIES/ID# 24557 LOCATION 23-2 DATE 1/10/89  
 REASON FOR EXAM: ROUTINE PRE-SHIPMENT QU SCREEN EXPERIMENTAL  
 OTHER

ORGAN SYSTEMS: NAO=NO ABNORMALITIES OBSERVED A=ABNORMAL NE=NOT EXAMINED		
1. INTEGUMENT	<u>NAO</u> A NE	6. SPLEEN/L. NODES <u>NAO</u> A NE
2. ORAL CAVITY	NAO <u>A</u> NE	7. RESPIRATORY <u>NAO</u> A NE
3. EYES	<u>NAO</u> A NE	8. DIGESTIVE <u>NAO</u> A NE
4. MUSCULOSKELET.	<u>NAO</u> A NE	9. UROGENITAL <u>NAO</u> A NE
5. CIRCULATORY	<u>NAO</u> A NE	10. OTHER <u>NAO</u> A NE

FEMORAL VESSELS: Right  Left   
 WEIGHT (kg) 2.5 DATE 1/10/89 CURRENT TB TEST

**ABNORMAL FINDINGS:**  
MODERATE TARTAR  
CROOKED (MISALIGNED) TEETH

REPRODUCTIVE EVALUATION
UTERUS: NAO A NE ADHESIONS: MINOR MODERATE SEVERE PREGNANCY STATUS: PREGNANT:                      NONPREGNANT: GL (mm)= _____          UTERINE SIZE BPD (mm)= _____ FL (mm)= _____          CONTOUR/SHAPE E/FHR (bpm)= _____ Gest. Age (days) _____ GENDER: M F

REPRODUCTIVELY SOUND     AREPRODUCTIVE     RE-EVALUATE     NOT EVALUATED  
 COMMENTS:

OVERALL CONDITION: EXCELLENT GOOD FAIR POOR

RECOMMENDATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS ANIMAL HAS BEEN EXAMINED AND IS :

<input type="checkbox"/> SATISFACTORY FOR SHIPMENT	COMMENT:
<input type="checkbox"/> SATISFACTORY FOR PROJECT	COMMENT:
<input type="checkbox"/> OTHER	COMMENT: /

DATE: 1/15/89 EXAMINING VETERINARIAN: \_\_\_\_\_

10501 PTF01  
I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER  
MICROBIOLOGY

410  
mcy 24557  
ANIMAL I.D.

INVESTIGATOR: [REDACTED] REQUESTOR



1/10/89  
DATE OF SAMPLE

ANIMAL DATA: Du23 - 2  
HOME ROOM CAGE

F SEX  
Unknown YR MO 2.5 KG AGE WEIGHT

PROCEDURE IS: \_\_\_\_\_ DIAGNOSTIC AID \_\_\_\_\_ COLONY MANAGEMENT \_\_\_\_\_ X EXPERIMENTAL

SOURCE OF SPECIMEN: R/C

CLINICAL SIGNS/SUSPECTED DIAGNOSIS HOSPITALIZED? NO  YES  ROOM CAGE

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> ENTERIC	<input checked="" type="checkbox"/>		<input type="checkbox"/> GRAMS  <input type="checkbox"/> OTHER  <input type="checkbox"/> NOT DONE
<input type="checkbox"/> CAMPYLOBACTER			
<input type="checkbox"/> YERSINIA			
<input type="checkbox"/> AEROBIC			
<input type="checkbox"/> ANAEROBIC			
<input type="checkbox"/> FUNGI			
<input type="checkbox"/> OTHER, _____			

ORGANISMS IDENTIFIED	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

SENSITIVITY TO ANTIMICROBIAL AGENTS: MODIFIED KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AM 30)	AMPICILLIN (AM 10)	ALUMINUM (ALU 30)	CETAZOLIN (CZ 30)	CHLORAMPHENICOL (C 30)	ERYTHROMYCIN (E 15)	GENTAMICIN (GM 10)	NALIDIXIC ACID (NA)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULFATHIAZOLE (SXT 25)	DOXYCYCLINE (D 30)		

COMMENTS:

REPORTED BY: [REDACTED]

REPORT DATE: 1/12/89

CLINICAL MICROBIOLOGY

1056 / P.F.01  
I.D. PROJECT CODE

# CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

NCY 24557  
ANIMAL I.D.

1/10/89  
DATE OF SAMPLE

INVESTIGATOR [REDACTED] REQUESTOR [REDACTED]



ANIMAL DATA: QU23 - 2  
HOME ROOM CAGE

F UNKNOWN YR NO 2.5 KG  
SEX AGE WEIGHT

PROCEDURE IS: \_\_\_\_\_ DIAGNOSTIC AID \_\_\_\_\_ COLONY MANAGEMENT \_\_\_\_\_  EXPERIMENTAL

SOURCE OF SPECIMEN:  
 FECES, FRESH CATCH   
 FECES, CAGE SAMPLE   
 OTHER: \_\_\_\_\_

CLINICAL SIGNS:  DIARRHEA  
 FOLLOW UP? DRUG USED: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
HOSPITALIZED? NO  YES  \_\_\_\_\_  
ROOM CAGE

PROCEDURE REQUESTED:

ROUTINE EXAMINATION   
 CRYPTOSPORIDIA SMEAR

SKIN SCRAPING EXAM   
 OTHER: \_\_\_\_\_

### FOR LABORATORY USE ONLY

APPEARANCE CONSISTENCY: *formed* COLOR: *brown*

EXAMINATION  RBC: \_\_\_\_\_  WBC: \_\_\_\_\_  OTHER: \_\_\_\_\_

<i>1+</i>	Balantidium coli		Entamoeba histolytica	
<i>1+</i>	Blastocystis hominis		Giardia lamblia	
	Chilomastix mesnili		Trichomonas, NOS	
	Cryptosporidium, NOS		Trichomonas hominis	
<i>2+</i>	Entamoeba coli		Trichuris trichiura	
	Entamoeba hartmanni		NO Parasites Seen	

*2+ Entamoeba butschlii*

REPORTED BY: [REDACTED]

REPORT DATE: *1/11/89*

# CLINICAL PARASITOLOGY

PROJECT CODE

ANIMAL I.D.

HEMATOLOGY

1/10/89

DATE OF SAMPLE

INVESTIGATOR REQUESTOR



ANIMAL DATA: QU 23 - 2  
HOME ROOM CAGE

UNKNOWN  
SEX YR MD AGE WEIGHT  
F 2.5 KG

PROEDURE IS: \_\_\_\_\_ DIAGNOSTIC AID \_\_\_\_\_ COLONY MANAGEMENT  EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: QU SCREEN IN

PRIOR THERAPY  NO  YES  
LIST ALL AGENTS:

HOSPITALIZED NO  YES

BLEEDING CONDITIONS:  Squeezed - limb pulled  Caught on run  Fasted \_\_\_\_\_ hrs  Anesthetized  Other \_\_\_\_\_

COMPLETE BLOOD COUNT: ELECTRONIC CELL COUNT, SMEAR EVALUATION, PLASMA PROTEIN, FIBRINOGEN

<input type="checkbox"/> ELECTRONIC CELL COUNT			<input type="checkbox"/> SMEAR EVALUATION: TOTAL WBC 5.7 x 10 <sup>3</sup> /μl			PLATELETS		
RBC	6.44	X 10 <sup>6</sup> /μl	DIFFERENTIAL Available			<input type="checkbox"/> ADEQUATE <input type="checkbox"/> DECREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> INCREASED <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> LARGE PLATELETS <input type="checkbox"/> CLUMPED		
HEMOGLOBIN	11.3	gm/dl	METAMYELOCYTES			ERYTHROCYTE MORPHOLOGY		
HEMATOCRIT	37.7	%	BAND NEUTROPHILS			<input type="checkbox"/> ESSENTIALLY NORMAL <input type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> + <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> + <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> + <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> + <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> ANISOCYTOSIS <input type="checkbox"/> + <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4 <input type="checkbox"/> TOXOPLASMA <input type="checkbox"/> + <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> +4		
MCV	59	fl	SEG. NEUTROPHILS					
MCH	17.5	pg	LYMPHOCYTES					
MCHC	30.0	pg/fl	MONOCYTES					
WBC		X 10 <sup>3</sup> /μl	EOSINOPHILS					
<input type="checkbox"/> PLATELETS	4.14	X 10 <sup>5</sup> /μl	BASOPHILS					
<input type="checkbox"/> RETICULOCYTES	%	X 10 <sup>5</sup> /μl	OTHER					
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC					
<input type="checkbox"/> PLASMA PROTEIN 7.2 gm/dl			COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE					
PLASMA COLOR: <input checked="" type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED								
<input type="checkbox"/> FIBRINOGEN 300								

REPORTED BY: [Redacted]

REPORT DATE: 1/10/89

1050 PTFEQ  
ID. PROJECT CODE

CALIFORNIA PRIMATE  
RESEARCH CENTER

MCY 24554  
ANIMAL ID.

RADIOLOGY

3-22-89  
DATE OF EXAM

INVESTIGATOR: [REDACTED] REQUESTOR: [REDACTED]



ANIMAL DATA: Qu 23 - 2<sup>7</sup>  
HOMEROOM CAGE

SEX: F AGE: 8 YR 3 MO WEIGHT: 2.85 KG

HOSPITAL ROOM: \_\_\_\_\_ CAGE: \_\_\_\_\_ PROCEDURE IS: \_\_\_\_\_ DIAGNOSTIC AID \_\_\_\_\_ COLONY MANAGEMENT \_\_\_\_\_ EXPERIMENTAL \_\_\_\_\_

TENT. DIAGNOSIS: Guarantee screen out  
HISTORY: \_\_\_\_\_  
SPECIAL PROCEDURES: \_\_\_\_\_

EXAM REQUESTED	
<b>Head</b>	
<input type="checkbox"/> nasal cavity	
<input type="checkbox"/> teeth upper	<input type="checkbox"/> R <input type="checkbox"/> L
	lower <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> mandible	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> maxilla	<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> skull - routine	
<b>Neck</b>	
<input type="checkbox"/> cervical spine	
<input type="checkbox"/> soft tissues	
<b>Thorax</b>	
<input checked="" type="checkbox"/> routine	
<input type="checkbox"/> thoracic vertebra	
<input type="checkbox"/> esophagus	
<input type="checkbox"/> thoracic inlet	
<b>Abdomen</b>	
<input type="checkbox"/> routine	
<input type="checkbox"/> obstruction series	
<input type="checkbox"/> liver	
<input type="checkbox"/> intestinal tract	
<input type="checkbox"/> kidney, ureter bladder	
<input type="checkbox"/> uterus	
<input type="checkbox"/> prostate	
<input type="checkbox"/> lumbar vertebra	
<input type="checkbox"/> sacral vertebra	
<input type="checkbox"/> coccygeal vertebra	
<input type="checkbox"/> I.U.	
<input type="checkbox"/> cystography	
<input type="checkbox"/> upper g.i.	
<input type="checkbox"/> lower g.i.	
<input type="checkbox"/> myelogram	
<b>Arm</b>	
<input type="checkbox"/> shoulder	
<input type="checkbox"/> R <input type="checkbox"/> humerus	
	<input type="checkbox"/> elbow joint
<input type="checkbox"/> L <input type="checkbox"/> radius-ulna	
	<input type="checkbox"/> carpal joints
	<input type="checkbox"/> hand
<b>Leg</b>	
<input type="checkbox"/> pelvis	
<input type="checkbox"/> R <input type="checkbox"/> hip joint	
	<input type="checkbox"/> femur
<input type="checkbox"/> L <input type="checkbox"/> knee joint	
	<input type="checkbox"/> tibia-fibula
	<input type="checkbox"/> tarsal joints
	<input type="checkbox"/> foot
Ultrasound <input type="checkbox"/>	
Other: (Specify)	

Previous radiographs: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Repeat studies required				
Investigator: _____	at _____ days/weeks/months				
Technique: <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Table Top <input type="checkbox"/> Bucky	cm	ma	time	kvp	
	Lat.	100	1/120		
Film Type: <u>Docuprint</u>	vd				
Total No. Films: <u>2</u>					

RADIOGRAPHIC INTERPRETATION:  
Several anomalies  
Unremarkable Thorax

CONCLUSIONS: Thorax - WNL

REPORTED BY: \_\_\_\_\_ REPORT DATE: \_\_\_\_\_

CLINICAL RADIOLOGY



ANIMAL # 15571  
 DATE OF BIRTH/AGE 2 months 1973  
 DATE PROBLEM LIST INITIATED 5/22/89

YEARS AT OPPO 5 SEX M

NUMBER	PROBLEM	DATE ENTERED	DATE RESOLVED
1	Enlarged left ovary	5/22/89	
	Measles vaccine	5/22/89	

2569

# CALIFORNIA PRIMATE RESEARCH CENTER

MOY 4557  
ANIMAL I.D.

I.D. PROJECT CODE

## MICROBIOLOGY

9-30-96  
DATE OF SAMPLE

INVESTIGATOR REQUESTOR

ANIMAL DATA: 2607 - 32  
HOME ROOM CAGE

F 23 YR 9 MO 3.29 KG  
SEX AGE WEIGHT

PROCEDURE IS:  DIAGNOSTIC AID  COLONY MANAGEMENT  EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS:  
 DIARRHEA  
  
HOSPITALIZED NO  YES   
ROOM CAGE

PRIOR THERAPY  NO  YES  
LIST ALL AGENTS:  
  
SOURCE OF SPECIMEN(S)  
YC

CULTURES REQUESTED	NEGATIVE RESULT	
	NEGATIVE	NO GROWTH
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CAMPYLOBACTER		<input checked="" type="checkbox"/>
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)		
<input type="checkbox"/> AEROBIC		
<input type="checkbox"/> ANAEROBIC		
<input type="checkbox"/> FUNGI		
<input type="checkbox"/> OTHER _____		

DIRECT MICROSCOPIC EXAMINATION

### ORGANISMS IDENTIFIED

1. It is questionable whether swab
2. was used to sample animal as
3. there was no growth on any
4. of the plates.
- 5.
- 6.
- 7.
- 8.

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

ORGANISM NUMBER	AMIKACIN (AM 30)	AMPICILLIN (AM 10)	AUGMENTIN (AMC 30)	CEFZOLIN (CZ 30)	CEFTRIAXONE (CRO 30)	CHLORAMPHENICOL (C 30)	CLINDAMYCIN (CC 2)	DOXYCYCLINE (D 30)	ENROFLOXACIN (EMO 5)	GENTAMICIN (GM 10)	NEOMYCIN (N 30)	OXACILLIN (OX 1)	PENICILLIN (P 10)	SULTA/ TRIMETH (SXT 25)	VAHCO MYCIN (VA 30)

COMMENTS:  
REPORTED BY: [REDACTED]

REPORT DATE: 10/3/96

# CLINICAL MICROBIOLOGY

White - Animal's Chart      Yellow - Laboratory      Pink - Requestor      Goldrod - Clinical Pathologist

**CALIFORNIA PRIMATE  
RESEARCH CENTER**

4405

105C , DVS50

MCY 24557

ID. PROJECT CODE  
[REDACTED]

ANIMAL I.D.

**HEMATOLOGY**

10/30/89

INVESTIGATOR REQUESTOR

DATE OF SAMPLE



ANIMAL DATA: SW1605 - 76  
HOME ROOM CAGE

SEX: F AGE: 10 YR 10 MO WEIGHT: 3.0 KG

PROCEDURE IS: \_\_\_\_\_ DIAGNOSTIC AID \_\_\_\_\_ COLONY MANAGEMENT \_\_\_\_\_ EXPERIMENTAL \_\_\_\_\_

CLINICAL SIGNS / PROBLEMS:  HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____			PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:		
BLEEDING CONDITIONS: <input type="checkbox"/> Squeezed limb pulled <input type="checkbox"/> Caught on run <input type="checkbox"/> Fasted _____ hrs <input type="checkbox"/> Anesthetized <input type="checkbox"/> Other _____					
<input type="checkbox"/> COMPLETE BLOOD COUNT: ELECTRONIC CELL COUNT, SMEAR EVALUATION, PLASMA PROTEIN, FIBRINOGEN					
<input type="checkbox"/> ELECTRONIC CELL COUNT			<input type="checkbox"/> SMEAR EVALUATION: TOTAL WBC _____ X 10 <sup>3</sup> / μl <input type="checkbox"/> CORRECTED WBC _____ X 10 <sup>3</sup> / μl		
WBC	9.3	X 10 <sup>3</sup> / μl	DIFFERENTIAL	%	
RBC	6.96	X 10 <sup>6</sup> / μl	METAMYELOCYTES		
HEMOGLOBIN	12.8	gm/dl	BAND NEUTROPHILS		
HEMATOCRIT	44.5	%	SEG. NEUTROPHILS		
MCV	6.4	fl	LYMPHOCYTES		
MCH	18.4	pg	MONOCYTES		
MCHC	28.8	pg/fl	EOSINOPHILS		
PLATELETS	5.05	X 10 <sup>5</sup> / μl	BASOPHILS		
<input type="checkbox"/> RETICULOCYTES	%	X 10 <sup>5</sup> / μl	OTHER		
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC		
<input type="checkbox"/> PLASMA PROTEIN gm/dl PLASMA COLOR: <input type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC			COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE		
<input type="checkbox"/> FIBRINOGEN mg/dl					
PLATELETS: <input type="checkbox"/> ADEQUATE <input type="checkbox"/> DECREASED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> INCREASED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> LARGE PLATELETS <input type="checkbox"/> CLUMPED					
ERYTHROCYTE MORPHOLOGY: <input type="checkbox"/> ESSENTIALLY NORMAL <input type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ANISOCYTOSIS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ROULEAUX <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					

REPORTED BY: [REDACTED]

REPORT DATE: 10/30/89

**CLINICAL**

**HEMATOLOGY**

White - Animal's Chart

Yellow - Laboratory

Pink - Requestor

Goldendrod - Clinical Pathologist

MALARIA TREATMENT SCHEDULE

ANIMAL NUMBER: MCY 21557

LOCATION: SW 1605-76

WEIGHT: 2.83 kg

4/18/89, 9:00 am                      CHLOROQUINE 10 mg/kg  
PRIMAQUINE 0.3 MG/KG

4/18/89, 2:00 pm                      CHLOROQUINE 5 MG/KG

4/19/89, 2:00 pm                      CHLOROQUINE 5 MG/KG  
PRIMAQUINE 0.3 MG/KG

4/20/89, 2:00 pm                      CHLOROQUINE 5 MG/KG  
PRIMAQUINE 0.3 MG/KG

4/21/89 - 5/1/89, 2:00 pm            PRIMAQUINE 0.3 MG/KG

All treatments administered by nasogastric tube

TREATMENTS ADMINISTERED BY:

A large black rectangular redaction covers the signature area, obscuring the name of the person who administered the treatments.

EMPLOYEE INJURY/PROJECT SCREENING  
HERPES B VIRUS TESTING

MONKEY ID# MCY 24557

DATE REPORTED: 10/27/99

DRAW DATE: 10/27/99

SERUM SUBMISSION:

Antibody Titre ≤ 1:5000

VIROLOGY SUBMISSIONS:

Conjunctival Swabs \_\_\_\_\_ Results Rt. eye —

Lt. eye —

Saliva Swabs \_\_\_\_\_ Results —

Genital Swabs \_\_\_\_\_ Results —

APC

White: Data Entry    Canary: Animal's Health Jacket    Pink: Office File Copy

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ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 24557	AK 6207-92	DEC13-88	2.450	ACQUIRED TO QU23-2
		DEC14-88	2.500	SERUM BANK SAMPLE
		DEC27-88	2.500	MICROBIOLOGY
		JAN10-89	2.500	RECTAL SWAB
				MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE
				PARASITOLOGY
				FECES, CAGE SAMPLE
				MICROBIAL OVA-PARASITE EXAMINATION, FECAL
				BALANTIDIUM COLI
				BLASTOCYSTIS HOMINIS
				ENTAMOeba COLI
				IODAMOeba BUTSCHLI
JAN25-89			2.650	
FEB07-89			2.700	
FEB22-89			2.850	
MAR22-89			2.900	MOVED FROM QU23-2 TO SW1605-76
				IMMUNIZATION: MEASLES-RUBEOLA
APR17-89			2.830	
APR18-89				EXP. INTERVENTION
				NASOGASTRIC INTUBATION, INSERTION AND CARE
				CHLOROQUINE
				2 DAYS
				PRIMAQUINE
				14 DAYS
MAY15-89			2.640	
JUN19-89			2.750	
SEP19-89			3.000	
NOV08-89			3.010	
NOV20-89				DIETARY THERAPY
				ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL
				MULTIPLE VITAMIN, ORAL
				IRON DRUG
				10 DAYS
DEC01-89				DIETARY THERAPY
				ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL
				MULTIPLE VITAMIN, ORAL
				IRON DRUG
				10 DAYS
DEC11-89				DIETARY THERAPY
				ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL
				MULTIPLE VITAMIN, ORAL
				IRON DRUG
				20 DAYS

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CALIFORNIA REGIONAL PRIMATE RESEARCH CENTER  
ANIMAL DEMOGRAPHIC/MEDICAL PROFILE, REPORT 315  
MON, APR 10, 2000

ALL RECORDS THRU APR-10-00  
PAGE 2

-----  
CURRENT LOCATION      DATE      WT(KG)      DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT  
-----

MCY 24557	AW 5207-52			
		JAN15-90	3.080	
		MAR13-90	3.090	
		MAY15-90	2.960	
		MAY16-90		SERUM BANK SAMPLE
		SEP05-90	2.950	
		NOV08-90	3.260	
		JAN09-91	3.250	
		MAR06-91	3.310	
		MAY15-91	3.200	
		JUL24-91	3.300	
		SEP03-91	3.400	
		NOV07-91		SERUM BANK SAMPLE
		NOV13-91	3.260	
		JAN22-92	3.450	
		MAR18-92	3.450	
		MAY19-92	3.220	
		JUL22-92	3.250	
		SEP22-92	3.200	
		NOV30-92	3.290	
		JAN25-93	3.350	

CLINICAL TREATMENT  
ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR  
PEPTONIZED IRON  
CYANOCOBALAMIN  
30 DAYS

CLINICAL TREATMENT  
ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR  
PEPTONIZED IRON  
CYANOCOBALAMIN  
30 DAYS

		FEB24-93		
		MAR22-93	3.250	
		MAY25-93	3.170	
		JUL26-93	3.220	
		SEP29-93	2.990	
		NOV17-93	2.790	
		JAN19-94	2.920	
		MAR16-94	2.980	
		MAY24-94		SERUM BANK SAMPLE
				MOVED FROM SW1605-75 TO SS2014-56
		JUN30-94	3.240	
		JUL22-94	3.340	
		SEP26-94	2.910	
		NOV22-94	3.130	
				MOVED FROM SS2014-56 TO SW1605-79

ANIMAL ID	CURRENT LOCATION	DATE	WT(KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 24557	AW 6207-52	JAN24-95	2.940	
		MAR21-95	3.020	
		MAY22-95	2.880	
		JUL24-95	2.950	
		SEP08-95		MOVED FROM SW1605-79 TO SS2003-32
		OCT26-95	3.050	SERUM BANK SAMPLE
		DEC14-95	3.050	
		FEB13-96	3.120	
		APR09-96	3.140	
		JUN13-96	3.180	
		AUG08-96	3.290	
		SEP28-96		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR BVP 2674 5 DAYS
		SEP30-96		MICROBIOLOGY MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA RECTAL SWAB NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE MICROBIAL CULTURE, COMPLEX: CAMPYLOBACTER RECTAL SWAB NEGATIVE CAMPYLOBACTER CULTURE NO LINK
				ST ADMINISTRATION OF DRUG OR SUBSTANCE, ORAL DIET 3 DAYS
		OCT07-96	2.870	
		DEC05-96	2.810	
		FEB10-97	2.690	
		APR08-97	2.930	
		JUN04-97	2.710	
		AUG11-97	2.960	
		OCT09-97	2.950	
		DEC03-97	3.220	
		JAN14-98		MOVED FROM SS2003-32 TO SS2016-32
		FEB24-98	3.190	SERUM BANK SAMPLE
		APR22-98	3.260	
		MAY14-98		MOVED FROM SS2016-32 TO BB4002-40
		JUN15-98	3.120	IMMUNIZATION: TETANUS
		OCT19-98	3.370	IMMUNIZATION: TETANUS



ANIMAL ID	CURRENT LOCATION	DATE	WT(KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MXY 24557	AW 6207-52	DEC15-98		MOVED FROM BB4002-40 TO SS2016-34
		FEB23-99	2.940	
		MAR25-99		MOVED FROM SS2016-34 TO SS2003-34
		APR08-99	3.000	
		JUN07-99	2.870	
		AUG04-99	2.730	
		AUG06-99		MOVED FROM SS2003-34 TO AW6207-52
		SEP19-99		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR CEFAZOLIN 10 DAYS
		SEP21-99	2.700	
		SEP27-99	2.700	
MXY 24558	AW 6207-52	SEP29-99		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR CEFAZOLIN 5 DAYS
		OCT04-99	2.800	
		OCT19-99	2.640	
		OCT29-99		DISCHARGE DIAGNOSIS AMPUTATION PATIENT STATUS DETERMINATION, GREATLY IMPROVED CLOSURE BY SUTURE TAIL SITE
		NOV15-99		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, INTRAMUSCULAR CEFAZOLIN 5 DAYS
MXY 24559	AW 6207-52	NOV22-99		DISCHARGE DIAGNOSIS PATIENT STATUS DETERMINATION, GREATLY IMPROVED CLOSURE BY SUTURE TAIL WOUND, LACERATED TRAUMATIC AGENT
		DEC20-99	2.550	
		FEB12-00		CLINICAL TREATMENT ADMINISTRATION OF DRUG OR SUBSTANCE, SUBCUTANEOUS PENICILLIN G PROCAIN 5 DAYS
		FEB22-00	2.560	

\*\*\* END ANIMAL MXY 24557

END OF REPORT