

September 12, 2003

Dallas M. Hyde, Director
Calif. National Primate Research Center
One Shields Ave.
Davis, CA 95616

Dear Mr. Hyde,

Pursuant to the state open records law, Cal. Gov't Code Secs. 6250 to 6277, I write to request access to and a copy of all lab records for crab-eating macaque monkeys:

#28098 (female) and #28104 (a male).

If your agency does not maintain these public records, please let me know who does and include the proper custodian's name and address.

I would like to inquire as to their current health (are they still alive), how are they currently being used, what does their diet consist of, are they caged alone and are they given opportunity to socialize with other monkeys, and what are the future plans for them?

If they do not yet have names, I would like to name them Gracie and George. Gracie's 6th birthday is coming up on Oct. 1, and I would like to see that she and some of her neighbors get some special treats (bananas or other fresh fruit and/or crab) during that time. I can mail them if you will guarantee me that they will receive them. Goodness knows, they suffer pain and isolation enough the rest of the year; could it be too much to give them in return a few treats once a year? They are so much like us humans, it is really immoral to be experimenting on them in the first place! I can only imagine their mental suffering from isolation and fear of more pain and physical suffering.

I agree to pay any reasonable copying (\$0.15/page) and postage fees to total not more than \$10 each. If the cost would be greater than this amount, please notify me. Please provide a receipt indicating the charges for each document.

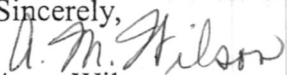
As provided in the open records law, I will expect your response within ten (10) business days.


If you choose to deny this request, please provide a written explanation for the denial including a reference to the specific statutory exemption(s) upon which you rely. Also, please provide all segregable portions of otherwise exempt material.

Please be advised that I am prepared to pursue whatever legal remedy necessary to obtain access to the requested records. I would note that willful violation of the open records law can result in the award of court costs and reasonable attorney fees.

Thank you for your assistance.

Sincerely,


Anne Wilson



✓ CC: Primate Freedom Tag Project



LARRY N. VANDERHOEF
Chancellor at Davis

OFFICE OF THE CHANCELLOR
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8558
TELEPHONE: (530) 752-2065
FAX: (530) 752-2400

October 20, 2003

Anne Wilson
[REDACTED]

RE: California Public Records Act Request

Dear Ms. Wilson,

We have completed the search for all records pertaining to primates #28098 and #28104 as you requested in your letter dated September 12, 2003 and have found the following:

- 1) All of the pages from the health jacket of 28098 and 28104 (105 pages)
- 2) Animal Demographic/Medical Profile for animal 28109 (7 pages)

These records total 112 pages. As noted in a previous letter to you, the California Public Records Act allows for the charging of \$.10/page for all records provided. Prior to our sending you these records you will need to forward a check made payable to the UC Regents in the amount of \$11.20. Once payment has been received, we will send the records to you immediately.

I look forward to hearing from you regarding this request.

Sincerely,

Lynette Temple
Information Practices Coordinator
(530) 752-3949

October 25, 2003

Lynette Temple
Information Practices Coordinator
Univ. of Calif, Davis
Office of the Chancellor
One Shields Ave.
Davis, CA 95616-8558

Re: California Public Records Act Request

Dear Ms. Temple,

Thank you so much for your letter of Oct. 20. I have been thinking of my request and was just about to write back to you inquiring. Thank you so much for your diligence and attention.

Please find enclosed a check for \$11.20, the amount you requested for the copies I requested.

If it isn't in the records, could you give me an idea of what the monkeys are normally fed? And how much socialization they are given?

I look forward to receiving the information.

Thank you again for your attention to this request.

Sincerely,

A handwritten signature in cursive script that reads "Anne Wilson".

Anne Wilson
14459 Muriel Dr.
Moreno Valley, CA 92553-2901

UNIVERSITY OF CALIFORNIA, DAVIS

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LARRY N. VANDERHOEF
Chancellor at Davis

OFFICE OF THE CHANCELLOR
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8558
TELEPHONE: (530) 752-2065
FAX: (530) 752-2400

October 28, 2003

Anne Wilson

RE: California Public Records Act Request

Dear Ms. Wilson,

Enclosed please find a receipt for your payment of \$10.20 as well as the following records:

- 1) All of the pages from the health jack *it was \$11.20* 105 pages)
- 2) Animal Demographic/Medical Profile *as)*

We have redacted personally identifying information concerning individuals directly involved in research activities concerning primates due to verbal and physical harassment, including death threats, which 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).

The California National Primate Research Center (CNPRC) is accredited by the Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC). All animals are maintained at the CNPRC in housing that meets the standards established by the NIH Guide for Care and Use of Laboratory Animals and the USDA Animal Welfare Act. All animals receive measles and tetanus vaccines during their first year in the colony and have health evaluations three times a year. Animals are fed twice daily and receive monkey chow along with supplements of fresh fruit and vegetables. Animals housed indoors receive toys and mirrors, while animals housed outside have climbing structures, swings and other cage enrichments.

Animals may be on a wide variety of projects at the CNPRC including studies on treatment and vaccination for pediatric AIDS, development of new infant formulas, and gene therapy for the treatment of cystic fibrosis. All projects are directed toward increasing knowledge of basic biology and helping to improve both human and animal health.

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

Sincerely,

Lynette Temple
Information Practices Coordinator
(530) 752-3949

Enclosures

ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28094	DEAD	MAR29-94		ACQUIRED TO QUJ1-8
		APR04-94		SERUM BANK SAMPLE
				MICROBIOLOGY
				RECTAL SWAB
				MICROBIAL CULTURE, COMPLEX: SALMONELLA, SHIGELLA, YERSINIA
				NEGATIVE SHIGELLA, SALMONELLA, YERSINIA CULTURE
				PARASITOLOGY
				FECES, CAGE SAMPLE
				TRICHURIS TRICHIURA
				CONCENTRATION
		APR18-94	3.610	
		MAY02-94	3.500	
		MAY16-94	3.650	
		MAY31-94	3.700	
		JUN13-94	3.750	
		JUN27-94	3.770	
		JUL19-94		MOVED FROM QUJ1-8 TO SW1606-30
			3.500	
				IMMUNIZATION: MEASLES-RUBEOLA
		SEP27-94	3.140	
		NOV23-94	3.220	
		JAN25-95	3.270	
		MAR22-95	3.120	
		MAY23-95	3.140	
				SERUM BANK SAMPLE
		JUL25-95	3.190	
		SEP26-95	3.280	
		NOV22-95	3.240	
		JAN23-96	3.100	
		MAR26-96	3.300	
		MAY21-96	3.210	
				SERUM BANK SAMPLE
		JUL22-96	3.240	
		AUG07-96		MOVED FROM SW1606-30 TO AB5007-29
		OCT21-96	3.340	
		NOV15-96	3.300	
		DEC10-96	3.150	
		DEC27-96	3.160	
		JAN09-97	3.120	
		JAN24-97	3.240	
		FEB11-97	3.270	
		FEB21-97	3.100	
		MAR07-97	3.330	
		MAR21-97	3.170	

CALIFORNIA NATIONAL PRIMATE RESEARCH CENTER
9-0
ANIMAL DEMOGRAPHIC/MEDICAL PROFILE, REPORT 315
THU, OCT 9, 2003

ALL RECORDS THRU OCT0

PAGE 2

ANIMAL ID	CURRENT LOCATION	DATE	WT (KG)	DEMOGRAPHIC ACTIVITY, CLINICAL OBSERVATION, OR MEDICAL EVENT
MCY 28098	DEAD	MAY06-97	3.210	
		MAY16-97	3.320	
		JUN20-97	3.330	
		JUN27-97	3.220	
		AUG08-97	3.250	
		SEP05-97	3.210	
		OCT03-97	3.130	
		OCT14-97	3.060	
		DEC09-97	3.180	
		FEB10-98	3.100	
		APR15-98	3.290	
		JUN10-98	3.340	
		AUG12-98	3.310	
		OCT14-98	3.340	
		DEC15-98	3.350	
		FEB09-99	3.230	
		MAR18-99		MOVED FROM AB5007-29 TO DEAD
			3.390	
				NECROPSY, FINAL
				POLIOVIRUS VACCINE

*** END ANIMAL MCY 28098

**CALIFORNIA PRIMATE RESEARCH CENTER
PATHOLOGY: NECROPSY REPORT**

ANIMAL I.D.: MCY28098 SEX: F DEATH DATE: 3-18-99
ROOM-CAGE: AB5007-29 AGE: 11y 5m TYPE OF DEATH: Exp. Death
INVESTIGATOR: PROJECT CODE: PVV06 TIME OF DEATH:
PATHOLOGIST: CLINICIAN[†] DATE OF NECROPSY: 3-18-99
BODY WEIGHT AFTER DEATH: 3.39 kg TIME NECROPSY BEGAN:

CLINICAL HISTORY:

Moved to infectious housing on 8/7/96. Intranasal and intrarectal inoculation with 1cc(0.25ml per nare and 0.5cc rectal) human polio vaccine on 11/15/96, 11/18/96, 11/22/96, and 11/25/96. Intranasal inoculation with 4x10⁷ pfu Sabin polio vaccine on 3/7/97, 3/10/97, 3/12/97, and 3/14/97. Experimental cull on 3/18/99.

CLINICAL DIAGNOSIS:

Open.

MODIFY NECROPSY:

None.

GROSS OBSERVATIONS:

Body as a whole: The animal is presented in good flesh.

GROSS & FINAL DIAGNOSES:

1. POLIO.
2. TISSUE HARVEST.
3. NSL.

COMMENTS:

Tissues are harvested for the investigator. No tissues are saved for CRPRC histopathology.

CALIFORNIA PRIMATE RESEARCH CENTER		ROOM: AB5007	SEX: F	ID: MCV 28109
REQUEST FOR NECROPSY		CAGE: 29	AGE: 11y 5m	SP NUMBER
INVESTIGATOR:	PROJECT: PNO6	DISP CODE: X	DEATH DATE: 3/18/09 MO DAY	

REQUESTED BY:	WEIGHT AFTER DEATH: 3.39 KG	<input type="checkbox"/> Charge to Center <input type="checkbox"/> Charge to ID#
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<input type="checkbox"/> FOUND DEAD	TIME OF DEATH	OTHER
<input type="checkbox"/> DEATH OBSERVED	_____ A.M.	
<input type="checkbox"/> EUTHANIZED	_____ P.M.	METHOD USED:

NATURE OF EXPERIMENT:

BIOHAZARDS: Infectious agents Radiation Chemicals

SPECIFY AGENT:

CLINICAL HISTORY:

CLINICAL DIAGNOSIS:

MODIFY NECROPSY

PATHOLOGIST TO COMPLETE:

NECROPSY Performed by _____ at _____ (time) _____ A.M. / _____ P.M. on _____ / _____ / _____ (date)

NECROPSY DIAGNOSIS:

~~*DEAD*~~

VIRAL PRECAUTION

6X49 PVY06
I.D. PROJECT CODE

CALIFORNIA PRIMATE
RESEARCH CENTER

MAY 28 098
ANIMAL I.D.

HEMATOLOGY

3/18/99
DATE OF SAMPLE

INVESTIGATOR: _____ REQUESTOR: _____

ANIMAL DATA: 5007-29
HOME ROOM CAGE

F 11.5 MO 3.23
SEX AGE WEIGHT

PROEDURE IS: _____ DIAGNOSTIC AID _____ COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS:	PRIOR THERAPY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input type="checkbox"/> 2-COLOR FACS CD4 = / μ l <input type="checkbox"/> 3-COLOR FACS CD8 = / μ l CD4/CD8 RATIO =
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	ROOM: _____ CAGE: _____

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 <u>6.1</u> X 10 ³ / μ l			PLATELETS		
<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ / μ l			DIFFERENTIAL			<input checked="" 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		
WBC	6.1	X 10 ³ / μ l		%	/ μ l	ERYTHROCYTE MORPHOLOGY <input type="checkbox"/> ESSENTIALLY NORMAL <input checked="" type="checkbox"/> HYPOCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> POLYCHROMASIA <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> LEPTOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> POIKILOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> ANISOCYTOSIS <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/> ROULEAUX <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3		
RBC	5.01	X 10 ⁶ / μ l	METAMYELOCYTES					
HEMOGLOBIN	10.1	gm/dl	BAND NEUTROPHILS					
HEMATOCRIT	33.3	%	SEG. NEUTROPHILS	31	1891			
MCV	66	fl	LYMPHOCYTES	67	4087			
MCH	20.2	pg	MONOCYTES	2	122			
MCHC	30.3	pg/fl	EOSINOPHILS					
PLATELETS	3.10	X 10 ⁵ / μ l	BASOPHILS					
<input type="checkbox"/> RETICULOCYTES	%	_____ X 10 ⁵ / μ l	OTHER					
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC					
<input type="checkbox"/> PLASMA PROTEIN	6.8	gm/dl	COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE <input type="checkbox"/> PREDILUTE					
PLASMA COLOR: <input checked="" type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC								
<input type="checkbox"/> FIBRINOGEN		mg/dl						

REPORTED BY: _____

REPORT DATE: 3/18/99

CLINICAL
White - Animal's Chart Yellow - Laboratory

HEMATOLOGY
Pink - Requestor Goldenrod - Clinical Pathologist

CALIFORNIA REGIONAL PRIMATE RESEARCH CENTER

ANIMAL DEATH RECORD

Species: Monkey

ID #: 28098

Date of Death: 03/18/99

Type of Death:

Date Reported: 1/1

D Spontaneous Death

Home Location: _____

X Experimental Design

Present Location: AB5007-29

A Experimental Accident

Weight: 3.39 ✓

M Medical Cull Diagnostic

Sex: ♀

K Medical Cull

S Surgical Cull

Probable Cause of Death (technician or clinician): i.v. pentobarbital

Signed DRL

Pathological Diagnosis (clinician or pathologist): ① pale ② tissue collection ③ NSL

Necropsy not performed

Signed _____

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

SPECIES/ID# MCV 28098 LOCATION 1106-30 DATE 4/8/94
 REASON FOR EXAM: ROUTINE PRE-SHIPMENT QU SCREEN EXPERIMENTAL
 OTHER IN

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	<u>NAO</u>	A	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 <u>OK</u> Left <u>OK</u>					
WEIGHT (kg) <u>3.24</u> DATE <u>4/8/94</u> CURRENT TB TEST <u>4/4/94</u>					
ABNORMAL FINDINGS:					

REPRODUCTIVE EVALUATION	UTERUS: <u>NAO</u> A NE	
	ADHESIONS: MINOR MODERATE SEVERE	
	PREGNANCY STATUS:	
	<u>PREGNANT:</u>	NONPREGNANT:
	GL (mm)= _____	UTERINE SIZE
	BPD (mm)= _____	CONTOUR/SHAPE
	FL (mm)= _____	_____
E/FHR (bpm)= _____	_____	
Gest. Age (days) <u>30</u>	_____	
GENDER: M F		

REPRODUCTIVELY SOUND	AREPRODUCTIVE	RE-EVALUATE	NOT EVALUATED
COMMENTS: <u>Female est age 6-7 yrs</u>			

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 Satisfactory QS COMMENT: _____

DATE: 4/8/94 EXAMINING VETERINARIAN: _____

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

SPECIES/ID# MCY 28098 LOCATION SW1606-30 DATE 7/19/94
 REASON FOR EXAM: ROUTINE PRE-SHIPMENT QU SCREEN EXPERIMENTAL
 OTHER OUT

ORGAN SYTEMS: 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	<u>(NAO)</u>	<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 <u>ok</u> Left <u>ok</u>					
WEIGHT (kg) <u>3.5</u> DATE <u>7/19/94</u> CURRENT TB TEST <u>6/13/94</u>					
ABNORMAL FINDINGS:					
<u>2) mild dental tartar</u>					

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

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 :

_____ SATISFACTORY FOR SHIPMENT COMMENT: _____

✓ SATISFACTORY FOR PROJECT COMMENT: _____

✓ OTHER Satisfactory QIL screen OUT COMMENT: _____

DATE: 7/21/94 EXAMINING VETERINARIAN: _____

**CALIFORNIA REGIONAL PRIMATE RESEARCH CENTER
SONOGRAPHIC ABDOMINAL/PELVIC EVALUATION**

ANIMAL #: <i>MU 28098</i>	AGE:	DATE: <i>8/1/94</i>
History:		
<i>NEW ARRIVAL</i>		
Total Uterine Length (mm): <i>51</i>	Uterine Body (mm): <i>L 25 W 20 H 16</i>	
Shape: <input checked="" type="radio"/> normal <input type="radio"/> irregular	Contour: <input checked="" type="radio"/> normal <input type="radio"/> irregular	
Position: <input checked="" type="radio"/> midline <input type="radio"/> anteflexed <input type="radio"/> retroflexed <input type="radio"/> flexed		
Texture: <input checked="" type="radio"/> heterogeneous <input type="radio"/> homogeneous		
Uterine/Endometrial Cavity Echo: <input checked="" type="radio"/> Present <input type="radio"/> Absent	Endometrium (mm): <i>1</i>	
Poor definition of pelvic structures: Yes <input checked="" type="radio"/> No		
Localized areas of increased/decreased echogenicity	Location:	
Adhesions: yes <input checked="" type="radio"/> no		
COMMENTS:	<ul style="list-style-type: none"> • No significant findings - LIVER, KIDNEYS, SPLEEN, UTERUS • ELONGATED LUS • • • 	

ABDOMINAL/PELVIC MASS

Location and Size:	Unilateral: abdominal adnexal uterine (mm)	Bilateral: uterine extrauterine indeterminate	Other:
Internal Consistency:	Cystic: Homogeneous septated solid foci multiple	Complex: predominantly cystic predominantly solid	Solid: mildly echogenic mod echog markedly
	Borders: Well-defined Moderately well-defined Poorly defined		
	COMMENTS:		

NSF=No significant findings; LUS=lower uterine segment; CX=cervix; TUL=total uterine length; UB=uterine body; ECE=endometrial cavity echo; RFA/LFA=right or left femoral artery; RFV/LFV=right or left femoral vein

4179

CALIFORNIA PRIMATE RESEARCH CENTER

MCU 28098

I.D. PROJECT CODE

CRB01

ANIMAL I.D.

HEMATOLOGY

7-21-94

DATE OF SAMPLE

INVESTIGATOR REQUESTOR



ANIMAL DATA: 16.06 - 31

F SEX 6 YR 9 MO 3.52 KG WEIGHT

PRODEDURE IS: DIAGNOSTIC AID COLONY MANAGEMENT EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS:			PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:		
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			ROOM _____ CAGE _____		
BLEEDING CONDITIONS: <input checked="" 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 checked="" 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 <u>10.5</u> X 10 ³ /μl		
			<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ /μl		
WBC	<u>10.5</u>	X 10 ³ /μl	DIFFERENTIAL	%	/μl
RBC	<u>6.74</u>	X 10 ⁶ /μl	METAMYELOCYTES		
HEMOGLOBIN	<u>12.8</u>	gm/dl	BAND NEUTROPHILS		
HEMATOCRIT	<u>42.7</u>	%	SEG. NEUTROPHILS	<u>51</u>	<u>5335</u>
MCV	<u>63</u>	fl	LYMPHOCYTES	<u>47</u>	<u>4935</u>
MCH	<u>19.0</u>	pg	MONOCYTES	<u>02</u>	<u>210</u>
MCHC	<u>30.0</u>	pg/fl	EOSINOPHILS		
PLATELETS	<u>4.70</u>	X 10 ⁵ /μl	BASOPHILS		
<input type="checkbox"/> RETICULOCYTES	%	X 10 ⁵ /μl	OTHER		
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC		
<input type="checkbox"/> PLASMA PROTEIN	<u>9.4</u>	gm/dl	COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE		
PLASMA COLOR: <input checked="" type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC					
<input type="checkbox"/> FIBRINOGEN	<u>300</u>				

- PLATELETS**
- ADEQUATE
- DECREASED +1 +2 +3
- INCREASED +1 +2 +3
- LARGE PLATELETS
- CLUMPED
- ERYTHROCYTE MORPHOLOGY**
- ESSENTIALLY NORMAL
- HYPOCHROMASIA +1 +2 +3 +4
- POLYCHROMASIA +1 +2 +3 +4
- LEPTOCYTOSIS +1 +2 +3 +4
- POIKILOCYTOSIS +1 +2 +3 +4
- ANISOCYTOSIS +1 +2 +3 +4
- ROULEAUX +1 +2 +3 +4

REPORTED BY: _____

REPORT DATE: 7-21-94

8713, CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE
RESEARCH CENTER
RADIOLOGY

MCV 28098
ANIMAL I.D.

7/19/94
DATE OF EXAM

INVESTIGATOR _____ REQUESTOR _____



ANIMAL DATA: SW/1606-
HOMEROOM CAGE

F 6 YR 9 MO 3.8 KG
SEX AGE WEIGHT

HOSPITAL ROOM _____ CAGE _____

PROCEDURE IS: _____ DIAGNOSTIC AID COLONY MANAGEMENT _____ EXPERIMENTAL

TENT. DIAGNOSIS:

HISTORY:
Quarantine Screen Out

SPECIAL PROCEDURES:

Previous radiographs: <input type="checkbox"/> Yes <input 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.	50	1/20	
Film Type: <i>Paraspeed</i>	VD	S	S	
Total No. Films: <i>2</i>				

EXAM REQUESTED	
Head	
<input type="checkbox"/> nasal cavity	
<input type="checkbox"/> teeth upper <input type="checkbox"/> R <input type="checkbox"/> L	
<input type="checkbox"/> mandible R <input type="checkbox"/> L	
<input type="checkbox"/> maxilla R <input type="checkbox"/> L	
<input type="checkbox"/> skull - routine	
Neck	
<input type="checkbox"/> cervical spine	
<input type="checkbox"/> soft tissues	
Thorax	
<input checked="" type="checkbox"/> routine	
<input type="checkbox"/> thoracic vertebra	
<input type="checkbox"/> esophagus	
<input type="checkbox"/> thoracic inlet	
Abdomen	
<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	
Arm	
<input type="checkbox"/> R <input type="checkbox"/> shoulder	
<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	
Leg	
<input type="checkbox"/> R <input type="checkbox"/> pelvis	
<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	

RADIOGRAPHIC INTERPRETATION:
Mild, diffuse increase in interstitial densities throughout all lung fields

CONCLUSIONS:
Normal Thoracic Study

Ultrasound

Other: (Specify)

REPORTED BY: _____

REPORT DATE: *7/21/94*

CLINICAL RADIOLOGY

I.D. CRB01 PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER

may
AMU - 28098 ANIMAL I.D.

INVESTIGATOR _____ REQUESTOR _____

CLINICAL BIOCHEMISTRY

4/8/94 DATE OF SAMPLE

ANIMAL DATA: QUJI-8
HOMEROOM _____ CAGE _____

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____

SEX _____ YR _____ MO _____ KG _____
AGE _____ WEIGHT _____

CLINICAL SIGNS/PROBLEMS: <u>MARKED Anemia</u>	PRIOR THERAPY? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> LIST ALL AGENTS _____
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____	TIME DRAWN _____ AM PM TEMP _____ °C

DIETARY STATUS: UNKNOWN FED FASTED HOURS _____ COMMENTS: to VMTH 4/11/94 ey

SAMPLE: SERUM HEPARINIZED PLASMA CITRATED BLOOD HEPARINIZED BLOOD URINE SAMPLE COLOR: NO ABNORMALITIES HEMOLYZED MOD

PANEL: NOVA PP2 PP3 SPECIAL PANELS CLINICAL SERUM BANK ICTERIC LIPEMIC
ART VEN (ARRANGE WITH LAB) BOX _____ SLOT _____

Chem 20

#	✓	TEST	RESULT	UNITS	#	✓	TEST	RESULT	UNITS	#	✓	TEST	TIME	TIME	TIME	TIME	UNITS
1		SODIUM (S,HP)	140	mML	14		YGT(S,HP)	44	U/L	25		NOVA					
2		POTASSIUM (S,HP)	4.2	mML	15		CPK (S,HP)	4677	U/L			SODIUM					mML
3		CHLORIDE (S,HP)	109	mML	16		AST [SGOT] (S,HP)	81	U/L			POTASSIUM					mML
4		TCO ₂ (S,HP)	24	mML	17		BILI TOTAL(S,HP)	0.3	mg/dl			CHLORIDE					mML
		ANION GAP 3+4-(1+2)	11	mML	18		DIRECT		mg/dl			ANION GAP					
5		CALCIUM (S,HP)	8.3	mg/dl	19		INDIRECT		mg/dl			GLUCOSE					mg/dl
6		PHOSPHOROUS (S)	5.6	mg/dl	20		LDH (S,HP)	1201	U/L			OSMO					mOsm/kg
7		CREATININE (S,HP)	0.8	mg/dl	21		CHOLESTEROL (S,HP)	140	mg/dl			HCT					%
8		BUN (S,HP)	19	mg/dl	22		TRIGLYCERIDES	50	mg/dl			HGB					g/dl
9		GLUCOSE (S,P,HP)	50	mg/dl	23		*OTHER (SPECIFY)					BE-ECF					mML
10		ALT[SGPT] (S,HP)	95	U/L	24		*CLOTTING PANEL	PATIENT CONTROL				TCO ₂					mML
11		ALK PTASE (S,HP)	177	U/L			PROTHROMBIN TIME		SEC			PH					pH unit
12		TOTAL PROTEIN (S)	7.1	gm/dl			PTT		SEC			CO ₂ pCO ₂					mm Hg
13		ALBUMIN	3.4	gm/dl			FOP		µg/ml			pO ₂					mm Hg
												BICARB					mML
												BASE BALANCE					mML

* CALL BEFORE DRAWING SAMPLE

REPORTED BY _____

DATE 4/13/94

PERFORMED BY: CPRC VMTH OTHER

CLINICAL BIOCHEMISTRY

353

8713 , CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE RESEARCH CENTER PARASITOLOGY

MCY 28098
ANIMAL I.D.

4/4/94
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____



ANIMAL DATA: QJ1 - 8
ROOM CAGE

YR MO KG
AGE WEIGHT

PROCEDURE IS: _____ DIAGNOSTIC AID COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS/PROBLEMS: <input type="checkbox"/> DIARRHEA	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/> ROOM CAGE	SOURCE OF SPECIMEN: <input type="checkbox"/> FECES, Fresh catch <input checked="" type="checkbox"/> FECES, Cage sample <input type="checkbox"/> OTHER

PROCEDURE REQUESTED <input type="checkbox"/> DIRECT EXAMINATION <input checked="" type="checkbox"/> CONCENTRATION SEDIMENTATION FORMALIN-ETHYLACETATE <input checked="" type="checkbox"/> FLOTATION ZINC SULFATE <input type="checkbox"/>	<input type="checkbox"/> SKIN SCRAPING EXAM <input type="checkbox"/> CRYPTOSPORIDIA SMEAR <input type="checkbox"/> OTHER
---	--

FOR LABORATORY USE ONLY

APPEARANCE EXAMINATION	CONSISTENCY: <u>soft formed</u> <input type="checkbox"/> RBC <input checked="" type="checkbox"/> WBC <input type="checkbox"/> OTHER <u>hard plug</u>	COLOR: <u>brown</u>
------------------------	---	---------------------

Balantidium coli	<input type="checkbox"/>	Entamoeba histolytica	<input type="checkbox"/>
Blastocystis hominis	<input type="checkbox"/>	Giardia lamblia	<input type="checkbox"/>
Chilomastix mesnili	<input type="checkbox"/>	Hexamita pitheci	<input type="checkbox"/>
Cryptosporidium, NOS	<input type="checkbox"/>	Iodamoeba butschlii	<input type="checkbox"/>
Entamoeba NOS	<input type="checkbox"/>	Trichomonas, NOS	<input type="checkbox"/>
Entamoeba coli	<input checked="" type="checkbox"/>	Trichuris trichiura <u>1 worm seen</u>	<input type="checkbox"/>
Entamoeba hartmanni	<input type="checkbox"/>	No Parasites Seen	<input type="checkbox"/>

REPORTED BY: _____ REPORT DATE: 4/13/94

CLINICAL PARASITOLOGY

8713, CRB01
I.D. PROJECT CODE

CALIFORNIA PRIMATE
RESEARCH CENTER
MICROBIOLOGY

777477
MCY 28098
ANIMAL I.D.

INVESTIGATOR _____ REQUESTOR _____

4/4/94
DATE OF SAMPLE

ANIMAL DATA: GUJI - 8
HOME ROOM CAGE

SEX _____ YR _____ MO _____ KG _____
AGE WEIGHT

PROCEDURE IS: _____ DIAGNOSTIC AID COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS: <input type="checkbox"/> DIARRHEA	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/>	SOURCE OF SPECIMEN(S) <u>Rectal Swab</u>

CULTURES REQUESTED	NEGATIVE RESULT		DIRECT MICROSCOPIC EXAMINATION
	NEGATIVE	NO GROWTH	
<input checked="" type="checkbox"/> SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS	<input checked="" type="checkbox"/>		
<input type="checkbox"/> CAMPYLOBACTER			
<input type="checkbox"/> YERSINIA SUSPECT (EXTRA SWAB)			
<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. _____
8. _____

SENSITIVITY TO ANTIMICROBIAL AGENTS: KIRBY-BAUER

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

COMMENTS:
REPORTED BY: _____

REPORT DATE: 4/6/95

CLINICAL MICROBIOLOGY

1864

CALIFORNIA PRIMATE RESEARCH CENTER

8713 1 CRB01
I.D. PROJECT CODE

MCY 28098
ANIMAL I.D.

HEMATOLOGY

4/4/94
DATE OF SAMPLE

INVESTIGATOR _____ REQUESTOR _____



ANIMAL DATA: GUJI - 8
HOME ROOM CAGE

YR MD KG
AGE WEIGHT

PRODEURE IS: _____ DIAGNOSTIC AID COLONY MANAGEMENT _____ EXPERIMENTAL

CLINICAL SIGNS / PROBLEMS:	PRIOR THERAPY <input type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:
HOSPITALIZED NO <input type="checkbox"/> YES <input type="checkbox"/>	
ROOM _____ CAGE _____	

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 _____ X 10 ³ /μl		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
<input type="checkbox"/> CORRECTED WBC _____ X 10 ³ /μl		<input type="checkbox"/> DIFFERENTIAL (calculated) / μl		
WBC	5.1 X 10 ³ / μl	METAMYELOCYTES		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
RBC	3.48 X 10 ⁶ / μl	BAND NEUTROPHILS		
HEMOGLOBIN	6.9 gm/dl	SEG. NEUTROPHILS		
HEMATOCRIT	23.1 %	LYMPHOCYTES		
MCV	66 fl	MONOCYTES		
MCH	19.8 pg	EOSINOPHILS		
MCHC	29.9 pg/fl	BASOPHILS		
PLATELETS	0.94 X 10 ⁵ / μl	OTHER		
<input type="checkbox"/> RETICULOCYTES	% _____ X 10 ⁵ / μl	NRBC/100 WBC		
<input type="checkbox"/> PCV (CENTRIFUGED)	% _____	COMMENTS: PARTIALLY CLOTTED SAMPLE		
<input type="checkbox"/> PLASMA PROTEIN	7.2 gm/dl			
PLASMA COLOR: <input checked="" type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC				
<input type="checkbox"/> FIBRINOGEN	< 100 mg/dl			

REPORTED BY: _____

REPORT DATE: 4/4/94

**CALIFORNIA PRIMATE
RESEARCH CENTER**

2003

I.D. CRB01 PROJECT CODE

ANIMAL I.D. MCY 28098

HEMATOLOGY

DATE OF SAMPLE 4/8/94

INVESTIGATOR _____ REQUESTOR _____

ANIMAL DATA: QUJI-8
HOME ROOM _____ CAGE _____

SEX _____ YR _____ MO _____ KG _____
AGE _____ WEIGHT _____

PROCEDURE IS: DIAGNOSTIC AID _____ COLONY MANAGEMENT _____ EXPERIMENTAL _____



CLINICAL SIGNS / PROBLEMS: <u>marked Anemia</u>			PRIOR THERAPY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES LIST ALL AGENTS:		
HOSPITALIZED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> ROOM _____ CAGE _____					
BLEEDING CONDITIONS: <input type="checkbox"/> Squeezed - limb pulled <input type="checkbox"/> Caught on run <input type="checkbox"/> Fasted _____ hrs <input checked="" type="checkbox"/> Anesthetized <input type="checkbox"/> Other _____					
<input checked="" 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 <u>7.3</u> X 10 ³ /μl <input type="checkbox"/> CORRECTED WBC _____ X 10 ³ /μl		
WBC	<u>9.3</u>	X 10 ³ / μl	DIFFERENTIAL	%	/ μl
RBC	<u>4.85</u>	X 10 ⁶ / μl	METAMYELOCYTES		
HEMOGLOBIN	<u>9.5</u>	gm/dl	BAND NEUTROPHILS		
HEMATOCRIT	<u>32.2</u>	%	SEG. NEUTROPHILS	<u>54</u>	<u>50</u>
MCV	<u>66</u>	fl	LYMPHOCYTES	<u>41</u>	<u>38</u>
MCH	<u>19.6</u>	pg	MONOCYTES	<u>32</u>	<u>186</u>
MCHC	<u>29.5</u>	pg/fl	EOSINOPHILS	<u>72</u>	<u>186</u>
PLATELETS	<u>4.43</u>	X 10 ⁵ / μl	BASOPHILS	<u>1</u>	<u>93</u>
<input type="checkbox"/> RETICULOCYTES	%	X 10 ⁵ / μl	OTHER		
<input type="checkbox"/> PCV (CENTRIFUGED)	%		NRBC/100 WBC		
<input type="checkbox"/> PLASMA PROTEIN	<u>7.3</u>	gm/dl	COMMENTS: <input type="checkbox"/> PARTIALLY CLOTTED SAMPLE		
PLASMA COLOR: <input checked="" type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> HEMOLYZED <input type="checkbox"/> ICTERIC <input type="checkbox"/> LIPEMIC			<u>No malarial parasites seen</u>		
<input type="checkbox"/> FIBRINOGEN	<u>200</u>	mg/dl			

MCY

REPORTED BY: _____

REPORT DATE: 4.8.94

mc# 28098

California Primate Research Center

1

Animal Number

OLD ID# B0389X
Sex F

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P.)

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)*

Observation

Init

3-29-94

Received into Quarantine J1-8

MB

4-4-94

3.36

M

00

00

00

6

6

7cc Ket CBC Serum Rectal Felo

MB

Stoll samples, tattoo wot# 4101

MB/K

4/8/94

3.24

9u Screen PEBlood for CBC chem

MB

4-18-94

3.61

M

20

00

00

6

6

7cc ket Blood 8ml wot# 4504

MB

5/2/94

3.50

M

20

00

00

6

6

5cc ket

MB

5-12-94

3.55

M

20

00

Normed .1 ml Ivermectin

MB

M

20

00

00

6

6

5cc ket Blood F. 10*2

MB

5-31-94

3.70

M

20

00

00

6

6

5cc ket

MB

6-13-94

3.75

M

20

00

00

6

6

5cc ket

MB

6-27-94

3.77

7cc ket

MB

7/19/94

1cc ket

Recheck from Q1 wot# 5880

MB

CV screen out revealed no gross abnormalities -

P: Recheck CBC for resolution of anemia

SO². Tetanus, measles vaccine and Malaria TX administered

MB

7-21-94

50. B4R - arm pulled blood

2ml for CBC

MB

7-27-94

moved to 1606-30

TO

7/26/94

O. CBC (7/21): P.P 94 ;

otherwise unremarkable

P: Urin panel to evaluate ab albumin / globulin ratio

* G = good, F = fair, P = poor
** N = normal, SS = semi-solid, L = liquid, B = Bloody

ratio

WJ
D4681 (2/90)

730620.01

Nov 28098

California Primate Research Center

2

Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P.)

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)

Observation

Init

8/1/94

ABDOMINAL / PELVIC EXAM - GEE REPORT

AS

8/1/94

mid

9-27-94

3.14

M/L

1cc ket Dental

TO

10/12/94

Pled 3.5 wt. 1-9-95

NO

11/23/94

3.22

JV

11.24.94

G G N

S/O: BAR. reported mucous stool.

NO mucous seen.

K

12/6/94

G G N

S/O: BAR Rep. mucous in stool.

not confirmed

J

1/25/95

3.27

M/L

1ML KET DENTAL

~~AS~~

2/7/95

ket 2cc 11/21

mid

5/1/95

G G N

S/O: BAR

JV

3/22/95

3.12

JV

4/9/95

G G N

S/O: BAR no mucous stool.

J

5/1/95

5cc ket #1303

~~AS~~

5/11/95

15 preg ✓ (-)

AP

5/23/95

3.14

M/L

Serum bank bled 30mins, 1st test dental

PK

5/23/95

3.19

JV

6/1/95

G G N

S/O: BAR - rep. no stool

RDW

9/26/95

3.28

M/L

PL

11/22/95

3.24

JB

1/23/96

3.10

M/L

1cc ket dental

JR

2/28/96

3.30

JK

5/21/96

3.21

M/L

1cc ket 3cc serum bank

ML

7/22/96

3.24

PK

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

28098		California Primate Research Center						3		
Animal Number								Page		
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE	HYDRATION (G.F.P)*	STOOL (N,SS,L,B)**	Observation	Init
7/31/96									Local Ym 15 = 11/12 P/W/4	JK
8/7/96									4cc Ket Bled 5mls #832 P/V/C/A	JK
8/9/96									Moved to 5007-29 MV 7243	JK
									SO: BAR Re poor appetite - conf.	
									4 discs remain A. Possibly	
									related to recent move P. Monitor	
8/12/96									SO: BAR, noted poor app. P. monitor	JK
10/17/96									SO: BAR Re poor appetite w/ stool	
									A: 1 st recent report	
									P. Monitor closely	JK
10/21/96	3.34								MMU 28098 Date: 11-15-96	JK
11-15-96	3.30								Procedures: Bled 10u RT, VL, RL, IN/Intra	
									Rectal inoc w/ human polio vaccine	
									Ketamine: 0.5ml (0.25cc/nare, 0.5cc rectal)	
									Axillary LN: R <u>4</u> L <u>4</u> mm	
									Inguinal LN: R <u>4</u> L <u>4</u> mm	
									Spleen: normal <input type="checkbox"/> enlarged (1-5) <input type="checkbox"/>	
									Wt. 3.30	JK
11-18-96									0.6cc Ket; Intranasal/intra rectal	JK
									inoc w/ live human polio vaccine	
									(0.25cc/nare, 0.5cc rectal)	JK
11/22/96									MMU 28098 Date: 11-22-96	JK
									Procedures: 10ml RT, VL, RL, Boost	
									Rectal/Nasal w/ Polio Vaccine	
									Ketamine: 0.5 ml	JK

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

28098

California Primate Research Center

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Page

Animal Number

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P.)

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)*

Observation

Init

11-25-96

MMU 28098

Date: 11/25/96

Procedures: IN/rectal inoc w/ tech human polio vaccine (0.5cc IN/0.5cc rectal) Ketamine: 0.5 ml

[Signature]

12-2-96

MMU 28098

Date: 12-2-96

Procedures: 10ml RT, VL, RL

Ketamine: 0.5 ml

[Signature]

12/3/96

G G E

so: Rpt of emesis unconfirmed P: monitor for persistent emesis

Pz

12-10-96 3.15

MMU 28098

Date: 12/13/96

Procedures: Bled 10cc RT, VL, RL

Ketamine: 0.5 ml

[Signature]

12/16/96

G G N

so: DAN rept poor appetite

gn

1-9-97 3.12

MMU 28098

Date: 1-9-97

Procedures: Bled 10cc RT, VL, RL

Ketamine: 0.5 ml

Axillary LN: R 4.2L mm

Inguinal LN: R L mm

Spleen: normal/enlarged (1-5)

Wt. 3.12

[Signature]

1/10/97

F G C

so: liquid stool, small amount
DAN (A recent exam possibly
DAN related to Ketamine)

(A) provided by stool thru weekend

[Signature]

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

730620.01

28098		California Primate Research Center							5	
Animal Number									Page	
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G,F,P)*	HYDRATION (G,F,P)*	STOOL (N,SS,L,B)**	Observation	Init
1/22/97						FGN			SD: BAR rept. poor appetite 1st recent report. P: Montit Monitor	
1/24/97	3.24								MMU 28098 Date: 1-24-97 Procedures: Bled 10cc RT, VL, RL. Ketamine: 0.5ml Axillary LN: R 2.4 L 2.4 mm Inguinal LN: R 2.4 L 2.4 mm Spleen: normal / enlarged (1-5) Wt. 3.24	
1/27/97						FG/L			SD: BAR rept. lig stool has hx of 1 day lig stool P ketamine anes. (1/9 + 1/10) P: Monitor for persistence	
2/7/97									MCY MMU 28098 Date: 2-7-97 Procedures: 10ml RT, VL, RL Ketamine: 5 ml	
2/12/97	3.27								4ml ket	
2/21/97	3.10								MCY MMU 28098 Date: 2-21-97 Procedures: 10cc RT, VL, RL Ketamine: 4ml Axillary LN: R 2 L 2 mm Inguinal LN: R 2 L 2 mm Spleen: normal / enlarged (1-5) Wt. 3.10	

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* G = good, F = fair, P = poor
** N = normal, SS = semi-solid, L = liquid, B = Bloody

① incorrect spelling 1/22/97

MMU

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Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G,F,P)*

HYDRATION (G,F,P)*

STOOL (N,SS,L,B)*

Observation

Init

3/7/97 3.33

MMU^{cy} 28098 Date: 3-7-96
Procedures: Bled 10cc RT, VL, RL

Ketamine: 0.4 ml
Axillary LN: R <2 L <2 mm
Inguinal LN: R <2 L <2 mm
Spleen: normal N enlarged (1-5)
Wt. 3.33

IN

inoc w/ Sabin polio vaccine.
(4x10⁷ pfu)

3-10-97

MMU^{cy} 28098 Date: 3-10-97
Procedures: IN inoc. w/ Sabin
polio vaccine. (4x10⁷ pfu)
Ketamine: 0.4 ml

3/12/97

MMU^{cy} 28098 Date: 3-12-97
Procedures: IN inoc. w/ Sabin
polio vaccine.
Ketamine: 0.6 ml

3-14-97

MMU 28098 Date: 3/14/97
Procedures: IN inoc w/ Sabin
polio vaccine
Ketamine: 0.6 ml

3/21/97

MMU 28098 Date: 3-21-97
Procedures: Bled 10cc RT, VL, RL

Ketamine: 0.5 ml
Axillary LN: R 6 L 6 mm
Inguinal LN: R 6 L 6 mm
Spleen: normal N enlarged (1-5)

MMU 28098 Date: 4/4/97
Procedures: Bled 10cc RT, VL, RL

Ketamine: 0.6 ml
Axillary LN: R 6 L 6 mm
Inguinal LN: R 6 L 6 mm
Spleen: normal N enlarged (1-5)
Wt. 3.19

4/4/97 3.19

* G = good, F = fair, P = poor
** N = normal, SS = semi-solid, L = liq

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Animal Number

Page

Date

WEIGHT (KG)

TB TEST

24-HR READING

48-HR READING

72-HR READING

APPETITE (G.F.P.)

HYDRATION (G.F.P.)

STOOL (N,SS,L,B)

Observation

Init

4-18-97

.5cc ket; Bled 10cc RT, VL & RL

208

5/2/97

3.15

~~MMU~~ ^{MCY} 28098 Date: 5/2/97

Procedures: Bled 10cc RT, VL, RL.

Ketamine: 0.4 ml

Axillary LN: R 2 L 2 mm

Inguinal LN: R 2 L 2 mm

Spleen: normal enlarged (1-5)

Wt. 3.15

5-6-97

3.21

~~MMU~~ ^{MCY} 28098 Date: 5/16/97

Procedures: Bled 10mls HEP, RL, VL.

Ketamine: 0.4 ml

Axillary LN: R 6 L 6 mm

Inguinal LN: R 6 L 6 mm

Spleen: normal enlarged (1-5)

Wt. 3.32 Menses

5/30/97

3.22

~~MMU~~ ^{MCY} 28098 Date: 5/30/97

Procedures: Bled 10mls RT, VL, RL.

Ketamine: 0.4 ml

Axillary LN: R 6 L 6 mm

Inguinal LN: R 6 L 6 mm

Spleen: normal enlarged (1-5)

Wt. 3.22

6/13/97

~~MMU~~ ^{MCY} 28098 Date: 6/13/97

Procedures: Bled 10mls RT, RL, VL.

Ketamine: 0.4 ml

* G = good, F = fair, P = poor

** N = normal, SS = semi-solid, L = liquid, B = Bloody

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May 28098		California Primate Research Center						8		
Animal Number								Page		
Date	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G,F,P)*	HYDRATION (G,F,P)*	STOOL (M,SS,LB)†	Observation	Init
6-20-97	3.33								MMU 28098 Date: 6/27/97 Procedures: Bled 10cc RT, VL, RL.	MRE
6/29/97	3.22								Ketamine: 0.5 ml Axillary LN: R 26 L 26 mm Inguinal LN: R 26 L 26 mm Spleen: normal <input checked="" type="checkbox"/> enlarged (1-5) Wt. 3.22	
7/11/97									MMU 28098 Date: 7/11/97 Procedures: Bled 10cc RT, VL, RL.	MM
7/25/97									Ketamine: 0.5 ml MMU 28098 Date: 7/25/97 Procedures: Bled 10cc RT, VL, RL.	mm
8/8/97	3.25								Ketamine: 0.4 ml MMU 28098 Date: 8/8/97 Procedures: Bled 10cc RT, VL, RL.	mm
									Ketamine: 0.5 ml Axillary LN: R 22 L 22 mm Inguinal LN: R 22 L 22 mm Spleen: normal <input checked="" type="checkbox"/> enlarged (1-5) Wt. 3.25	
8/22/97									MMU 28098 Date: 8/22/97 Procedures: Bled 10cc RT, VL, RL.	MM
9/5/97	3.21								Ketamine: 0.5 ml MMU 28098 Date: 9-5-97 Procedures: Bled 10cc RT, VL, RL.	mm
									Ketamine: 0.5 ml Axillary LN: R 2 L 2 mm Inguinal LN: R 2 L 2 mm Spleen: normal <input checked="" type="checkbox"/> enlarged (1-5) Wt. 3.21	mm

* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid

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MAY 28098		California Primate Research Center						9		
ANIMAL NUMBER							PAGE			
DATE	WEIGHT (KG)	TB TEST	24-HR READING	48-HR READING	72-HR READING	APPETITE (G, F, P)*	WATER IN. (C, F, P)*	STOOL (N, SS, L, B)**	OBSERVATION	INIT
9/19/97	3.24								MMU 28098 Date: 9-19-97 Procedures: Bld 10cc RT, VL, RL. Ketamine: 0.5ml Axillary LN: R <u>CG</u> L <u>CG</u> mm Inguinal LN: R <u>CG</u> L <u>CG</u> mm Spleen: normal <input checked="" type="checkbox"/> enlarged (1-5)	
10/3/97	3.13								MMU 28098 Date: 10/3/97 Procedures: Bld 10cc RT, VL, RL. Ketamine: 0.5ml Axillary LN: R _____ L _____ mm	B3
10.14.97	3.06								4ml Ket	
10/17/97									MMU 28098 Date: 10/17/97 Procedures: Bld 10 cc RT VL, RL. Ketamine: 0.4 ml	
12.9.97	3.32									
12/22/97									F W & so: BAR, rpld for poor appetite P. monitor for anorexia	
2/16/98	3.10								4ml Ket	
4/15/98	3.29									
6/10/98	3.34									
8-12-98	3.31									
10-14-98	3.34								4ml Ket Shaved tattoo	KH
12-15-98	3.35									P-H
2/9/99	3.23								4ml ket	KB
3/18/99	3.39								5ml ket → NX	Jer

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* G = good, F = fair, P = poor
 ** N = normal, SS = semi-solid, L = liquid, B = bloody
 D4681 (2/77)