Shigella in the U.S. Primate Research Pipeline: A Persistent Reservoir With Pathways for Spillover and Drug Resistance

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS

Shigella, a diarrheal bacterium whose only natural hosts are humans and other primates, is endemic across the U.S. primate research pipeline, from importation through transport and experimentation. *Shigella* is transmitted to workers within the pipeline and is increasingly drug resistant. Federal surveillance and Centers for Disease Control and Prevention (CDC) public health communications do not acknowledge this reservoir.

> "Virtually everyone who works in the [primate] units gets ill at some point in their first 6 months, due to meeting staph and *shigella* for the first time and being around aerosolized fecal matter."
>
> —University of Washington Group 1 Safety Committee regarding staff at the Washington National Primate Research Center in Seattle, April 2022 (Exhibit 1)

Thousands of primates are routinely imported and transported between facilities, introducing pathogens into dense captive populations in which fecal-oral transmission sustains ongoing spread, environmental contamination, and long-term persistence. In these settings, indoor cages, outdoor enclosures, drains, transport equipment, waste streams, and high-contact surfaces can become repeatedly contaminated with fecal material, creating ongoing opportunities for indirect transmission within and beyond facilities.

This report examines the consequences of that reality: a known zoonotic pathogen sustained across a network of importers, breeding facilities, and research institutions that remains outside reporting requirements and public health surveillance.

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Shigella is accepted as a routine occupational exposure within a U.S. primate research facility, which should concern all public health authorities responsible for zoonotic disease prevention.

EPIDEMIOLOGY OF *SHIGELLA*

Shigella is a highly contagious enteric pathogen, which can cause watery, bloody, or prolonged diarrhea in humans and other primates, the pathogen's natural hosts.[1] In the United States, an estimated 450,000 infections occur each year in humans,[2] including approximately 242,000 that are antimicrobial resistant.[3] In both humans and primates, *Shigella* is transmitted via the fecal-oral route and can circulate through individuals who show few or no clinical signs with intermittent shedding.[4] Infection does not provide lasting immunity; antibody responses are short-lived, and animals may be repeatedly reinfected.[5] Environmental contamination compounds control efforts because *Shigella* can persist in water and on surfaces for extended periods.[6,7] Together, these features make the pathogen difficult to detect, difficult to contain, and extremely difficult to eliminate once established.

The CDC's public-facing communications largely frame *Shigella* as a disease of sanitation, travel, childcare, and sexual transmission, while omitting a significant reservoir within the U.S.: imported and captive primates for the experimentation industry.

That omission has practical consequences for *Shigella* surveillance. Thousands of primates are imported into the U.S. each year through supply chains serving the biomedical industry.[8] The primates originate in facilities in Asia and Africa, where regulatory oversight is variable, veterinary care is limited, and antibiotics are often used to manage endemic diarrheal disease.

These practices mirror those documented in other forms of animal production, in which repeated or prophylactic antibiotic exposure promotes the emergence and persistence of antimicrobial-resistant pathogens.[9]

Sourced by Stichting Animal Rights

The CDC's own internal documents show that the agency is aware that imported monkeys are arriving with pathogens "that may be a public health concern such as clinical signs consistent with filovirus infection, confirmed *Shigella* and *Campylobacter* infection, and malaria" (Exhibit 2). However, once animals exit the 31-day CDC-mandated quarantine, there is no federal reporting requirement, no centralized database, and no routine public accounting of *Shigella* infections within U.S. primate colonies. For a pathogen that can circulate without obvious illness, this leaves a significant surveillance gap. Scientific publications show that *Shigella* persists in primate facilities around the country.[10]

MOVEMENT AND AMPLIFICATION OF *SHIGELLA* THROUGH THE U.S. PRIMATE EXPERIMENTATION SYSTEM

The University of Washington's own Environmental Health and Safety guidelines describe *Shigella* as "a significant cause of diarrhea in NHPs [nonhuman primates]" and "a significant zoonotic disease that has frequently been transmitted from NHPs" to humans (Exhibit 3).

Published studies report *Shigella* prevalence of approximately 20% to 32% in newly imported macaques during quarantine.[11,12] In captive research colonies, studies have reported *Shigella*

"Having multiple classes of antibiotics to treat *shigella* within a colony may be critical given the organism's tendency to develop resistance."[4]

prevalence of 7% to 23%, with diarrheal disease impacting a substantial portion of animals each year.[13] When facilities move beyond nonspecific "diarrhea" diagnoses and apply more sensitive diagnostic methods, *Shigella* is consistently identified.[10,14] At the Oregon National Primate Research Center, PCR testing detected *Shigella* or enteroinvasive *E. coli* in nearly half of a hospitalized macaque cohort.[15] At the California National Primate Research Center, necropsy reports document repeated culture-positive *Shigella flexneri* cases over multiple years, despite the use of methods known to under detect infection.[16] At Johns Hopkins University, PCR testing revealed endemic *Shigella* infection in a colony in which routine culture had repeatedly failed to detect it. The authors concluded, "Eradication within a colony would be extremely difficult, if not impossible."[4]

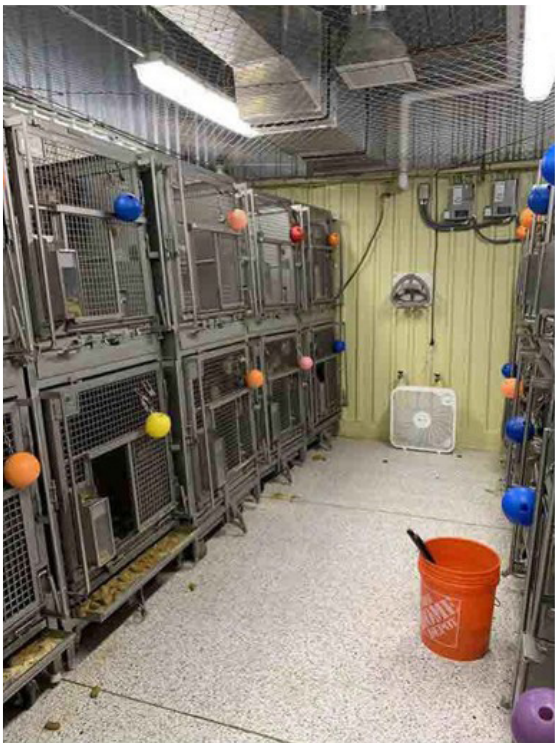


Image of the Washington National Primate Research Center's hospital room in the Mesa, Arizona, breeding colony, obtained by PETA through FOIA requests to the USDA.

The pattern is consistent: When sensitive diagnostics are applied, *Shigella* emerges as an established and ongoing feature of primate research colonies.

A 2022 study by researchers at Johns Hopkins University described *Shigella* as an entrenched pathogen in primate colonies that is exceptionally difficult to control. The authors noted that large, group-housed colonies facilitate continuous transmission, while intermittent shedding and asymptomatic or subclinical carriers allow infection to persist undetected within populations. In their antibiotic intervention study, the 24 macaques ranged in age from 1 to 21 years old, underscoring how broadly infection can affect colony animals across their lifespans. One treatment approach involved using oral gavage procedures, in which sedated monkeys were restrained and a tube was inserted into the stomach to administer antibiotics directly.[4] The study reflects the practical realities of managing *Shigella* in primate colonies: Reinfection is common, immunity is not durable, and treatment is largely reactive rather than preventive.

Image source: Maxwell et al. A comparison of different antibiotic regimens for the treatment of naturally acquired shigellosis in rhesus and pigtailed macaques. *Journal of Medical Primatology.* 2022. CC BY-NC-ND 4.0.

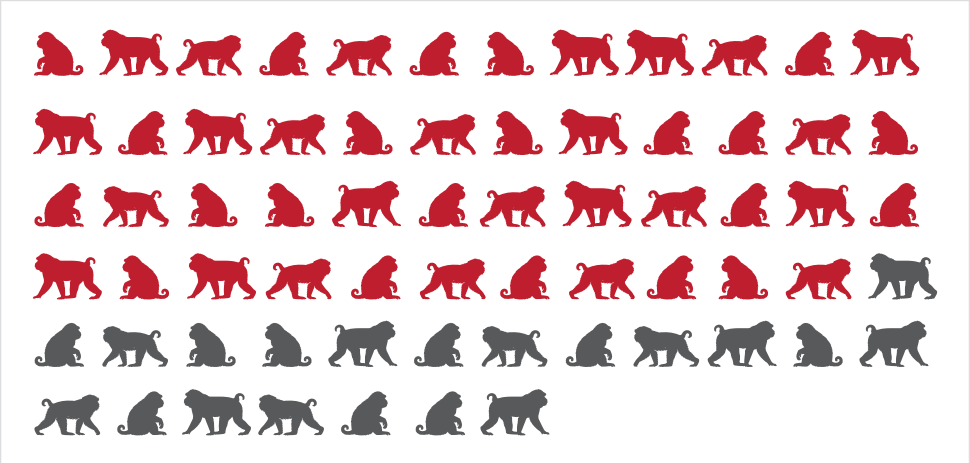
The risk is further amplified by routine interstate movement of primates. Thousands of monkeys are transported between breeding facilities, quarantine sites, contract research organizations, and universities each year under certificates of veterinary inspection (CVIs), which are intended to certify that animals are free of signs of infectious or communicable disease at the time of transport. In practice, however, CVIs typically represent clinical observation and available records, at best, rather than sensitive diagnostic testing.

In late September 2023, 68 monkeys were transported by truck from the University of Washington's primate breeding facility in Mesa, Arizona, to the university's research facility in Seattle, where hundreds of primates were already housed within the same building complex as the UW Medical Center (Exhibit 4). One monkey was dead on arrival in Seattle (Exhibit 5). Within days of arrival, most of the remaining animals were documented as active gastrointestinal disease cases.

***Shigella* was identified in 47 of the monkeys, representing 70% of the monkeys in this transport**, while enteropathogenic *E. coli* (EPEC), *Entamoeba*, *Campylobacter*, and *Giardia* were also detected, often in combination with *Shigella* in an additional 17 animals. This means that approximately 10% of all the monkeys in the UW's Seattle facilities had *Shigella* in early October 2023.

70% OF MONKEYS SHIPPED FROM MESA TO SEATTLE IN OCTOBER 2023 TESTED POSITIVE FOR *SHIGELLA*

47 pigtailed macaques trucked from the Washington National Primate Research Center's Mesa, Arizona, breeding colony to its laboratories in Seattle, Washington, were positive for *Shigella* within days of arrival.



Records further show that at least 19 of the monkeys at the UW breeding facility had documented acute or chronic diarrhea weeks or months before transport to Seattle. Despite these clinical histories, the day before shipment, the animals were certified by the facility veterinarian for interstate transport as "not showing signs of infectious, contagious, and/or communicable diseases." Given the extent of disease identified immediately after arrival in Seattle, these records raise serious questions not only about the adequacy of the certification standards themselves but also about whether the animals were meaningfully examined prior to transport. At a minimum, this case illustrates the inherent weakness of a system that relies on institutions and their own veterinarians to police, certify, and clear animals for shipment despite known histories of gastrointestinal illness and ongoing operational pressures to move animals through the research pipeline.

This case exposes a major weakness in the current oversight system: Primates can satisfy transport certification requirements while actively infected and likely shedding pathogens. Observation alone is an inadequate safeguard for pathogens such as *Shigella*. **Animals with documented gastrointestinal disease histories can still be cleared for shipment without pathogen-**

specific screening, allowing infected primates to move between facilities and contaminate transport vehicles, holding areas, animal rooms, equipment, and waste streams.

Shigella is not consistently treated as a barrier to movement or study enrollment when animals appear clinically normal on paper. At Charles River Laboratories' Reno facility, monkeys received from New Iberia Research Center for Pfizer-commissioned experiments were accepted and placed on study, even though records showed two *Shigella*-positive animals without reported clinical signs (Exhibit 6).

When transport failures occur, exposure risk extends beyond research facilities to transport workers, first responders, and the public. In 2022, a truck transporting newly imported long-tailed macaques from Mauritius to a quarantine facility overturned; monkeys escaped, and members of the public came into contact with them at the scene.[17] In 2025, a crash involving rhesus macaques from Tulane University resulted in escapes, with animals reaching residential areas before being captured days later.[18] In both incidents, first responders and civilians were not wearing personal protective equipment, and there was no visible evidence of infectious disease containment procedures at the scene. Infected primates may appear clinically normal while actively shedding disease, meaning exposure risk cannot be reliably assessed through visual inspection alone.

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For pathogens such as *Shigella*, these incidents create a clear public health concern. Yet according to a whistleblower who contacted People for the Ethical Treatment of Animals (PETA), drivers transporting primates used in research received minimal zoonotic disease training, and transport vehicles were reportedly cleaned at commercial car washes between trips. The handling of potentially contaminated transport vehicles and wastewater outside dedicated biosafety procedures raises additional concerns about environmental dissemination beyond the research setting. This indicates that biosecurity practices within the primate transport system may be far less rigorous than the public would reasonably expect for the movement of animals known to carry human-transmissible pathogens.

SPILLOVER OF DRUG-RESISTANT *SHIGELLA* ACROSS THE U.S. PRIMATE RESEARCH SYSTEM

The circulation of drug-resistant *Shigella* within primate facilities creates opportunities for transmission between primates and humans, including workers, animal handlers, and surrounding communities. Drug-resistant *Shigella* in laboratory primates has been reported for decades, across both imported animals and primates already held in research colonies.[1] One of the largest early studies of antimicrobial resistance in primates surveyed 6,646 animals between 1964 and 1967 and found that 12% were infected with *Shigella* and that resistance was already widespread.[19] By 1971, researchers at the California National Primate Research Center were reporting that multidrug resistant *Shigella* was frequently isolated from primates in their colonies and recently imported monkeys.[20]

Routine handling, husbandry, and experimental procedures in primate facilities create potential occupational exposure to *Shigella*. In a 1993 case at a primate research center, three technical assistants developed *Shigella flexneri* infection following routine contact with *Shigella*-infected long-tailed macaques.[21] During a recent outbreak of *Shigella* at the Wisconsin National Primate Center colony, "some staff members developed shigellosis possibly due to exposure to the infected animals."[22] The pattern extends beyond laboratory settings. During a 2004 outbreak at Vienna Zoo, a keeper who helped clean cages after fatal *Shigella* infections in primates was hospitalized with the same strain detected in the primates.[23]

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Management practices have sustained the problem. Because diarrhea is common in captive primates, antibiotics are frequently administered prophylactically to reduce disease severity and spread, rather than only after confirmed infection.[24] This approach creates exactly the conditions that drive antimicrobial resistance: repeated antibiotic exposure in dense, stressed, group-housed populations in which fecal-oral pathogens are already circulating.

At the Wisconsin National Primate Research Center, a prolonged outbreak between December 2022 and January 2025 involved 169 confirmed *S. flexneri* cases in the primate colony; among the isolates, 63% were multidrug resistant, and "some staff members developed shigellosis possibly due to exposure to the infected animals."[22]

More recent outbreaks show that resistance remains present in U.S. research facilities. Macaques housed at Massachusetts Institute of Technology were recorded carrying multidrug-resistant *S. flexneri.*[24] At the Wisconsin National Primate Research Center, a prolonged outbreak between December 2022 and January 2025 involved 169 confirmed *S. flexneri* cases in the primate colony; among the isolates, 63% were multidrug resistant.[22] Those isolates were closely related to human *S. flexneri* cases from a 2019–2021 outbreak in Seattle.[25] The same strain has surfaced beyond research facilities. In New Mexico, a multidrug resistant *S. flexneri* outbreak involved 202 human cases and later affected primates at Albuquerque BioPark Zoo, where six primates died. Genomic analysis identified the same strain in humans and infected primates.[26]

The routine use of antibiotics in primate facilities not only is sustaining resistance but also may be contributing to strains with direct implications for human treatment. *S. flexneri* strains resistant to erythromycin have been documented in primate facilities.[27] Erythromycin and azithromycin, one of the main antibiotics physicians currently rely on to treat shigellosis in humans, belong to the same antibiotic class, and resistance to one may predict resistance to the other.[28] If transmission occurs following occupational or public exposure, treatment options may already be limited.

The proportion of human *Shigella* isolates classified as extensively drug resistant (XDR) increased from 0% during 2011 to 2015 to 8.5% in 2023, with no FDA-approved oral treatment options currently available.[29] *S. flexneri*—the species most consistently documented in this report—represented 34.1%

of XDR isolates, nearly twice its share of sequenced *Shigella* isolates overall. The prominence of drug-resistant *S. flexneri* in both primate facilities and human XDR surveillance should not be ignored. Whether drug-resistant *Shigella* strains from primate facilities are contributing to the rise in XDR infections in humans is unknown. But that uncertainty itself reflects a major surveillance failure.

No system currently exists to routinely track, compare, or publicly report *Shigella* strains circulating between imported primates, research colonies, workers, and surrounding communities.

CONCLUSION

The evidence is consistent and cumulative. *Shigella* is endemic in primate colonies, transmitted to workers, and sustained under conditions that promote persistence, recurrence, and multidrug-resistant strains with documented links to human outbreaks. Rather than isolated incidents, these findings describe a broader surveillance and oversight gap in which a known zoonotic pathogen continues to circulate through the U.S. primate research pipeline with limited transparency, inconsistent reporting, and little accountability.

No system currently exists to routinely track, compare, or publicly report *Shigella* strains circulating between imported primates, research colonies, workers, and surrounding communities.

PETA has repeatedly raised these concerns with federal and state authorities as well as major research facilities, including the University of Washington. Yet meaningful, system-wide controls have not been implemented. Instead, longstanding gaps in surveillance and reporting have allowed ongoing transmission to humans and primates, preventable illness and death, and the continued emergence and spread of resistant strains.

As long as primates are imported and used in experimentation, *Shigella* will continue to circulate through animals, personnel, waste streams, equipment, and contaminated environments, creating persistent biosecurity vulnerabilities and recurring occupational and public health risks.

This pattern does not reflect a temporary problem that can be resolved through incremental reforms. It reflects structural limitations inherent to the importation, confinement, and experimental use of primates. Ending the importation and use of primates is the only measure that would address the root cause of this ongoing risk.

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ENDNOTES

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Exhibit 1

Meeting Date: May 10, 2022

Location and Time: Meeting held via Zoom, 9:00 am.

Web address: http://depts.washington.edu/safegrp1/

Attendance:

Name	Organization	Type	Present
Amen, Meegan	Built Environments	Elected	Yes
Andolsek, Diane	Graduate School	Elected	Yes
Bell, Nichole	Executive Office/Provost	Appointed	No
Bergstedt, Lora	University Advancement	Elected	Yes
Burton, Su, Secretary	UW Libraries	Elected	Yes
Corradi, Noelle	UW Finance	Elected	Yes
Erickson, Dan	Athletics	Elected	Yes
Foss, Jessica	UW Advancement	Appointed	No
Gay, Dian	Applied Physics Lab	Elected	No
Hawkinson, Ryan, Chair	Foster Business	Elected	Yes
Huffman, Dakota	School of Law	Elected	Yes
Katner, Kole	Evans School	Elected	No
Lilley, Allison	UAA	Elected	Yes
Lotze, Sulgi	Primate Research Center	Elected	Yes
MacQueen, Helen	Office of Research	Elected	Yes
Moran, Linda	UW Finance	Appointed	Yes
Muindi, Muindi F	Global Affairs	Elected	No
Nielsen, Ken	Compliance & Risk Services	Elected	No
Parisi, Carmen, Co-Chair	Information School	Elected	Yes
Preboski, Jessica	School of Law	Elected	No
Roberts, Steven	Creative Communications	Elected	No
Robinson, Fieta	KUOW	Elected	Yes
Roy, Laura, Webmaster	UW-IT	Elected	Yes
Shelton, Caroline	Executive Office	Appointed	Yes
Tavassoli, Layla	Graduate School	Elected	No
Tegelberg, Anna	Human Resources	Elected	No
Tinker, Michael	Continuum College	Appointed	No
Tobin, Elaine	CoMotion	Elected	Yes
Transue, Lila	EH&S	Elected	Yes
Truong, Melanie	Minority Affairs	Elected	No
Winfield, Alison	College of Education	Appointed	No
Young, Melinda	Primate Research Center	Appointed	Yes
Alternates			
Brissey, Maija	EH&S	Alternate	No

Brooks, Pamela	Information School	Alternate	Yes
Congdon, Roark	Built Environments	Alternate	No
Gerdes, Maryn	CoMotion	Alternate	No
Goodwin, Shannon	Foster School	Alternate	Yes
Hamlin, Matt	Primate Research Center	Alternate	Yes
Larson, Megan	Athletics	Alternate	No
Orefice, Matt	Office of Research	Alternate	Yes
Stevens, Douglas	Creative Communications	Alternate	Yes
Strowhorn, Percy	Graduate School	Alternate	No
Van Horne, Brad	UW Libraries	Alternate	Yes
Wang, Yak-Nam	Applied Physics Lab	Alternate	Yes
Willynck, Simone	Minority Affairs	Alternate	Yes
Ex Officio			
Honeydew, Sonia	EH&S	Ex Officio	Yes
McCulloch, Catherine	Built Environments	Ex Officio	No
McKeown, Erin	EH&S	Ex Officio	No
Tonge-Seymour, Jill	EH&S	Ex Officio	Yes
EH&S Liaisons			
Bender, Denise	EH&S		No

As the 2022-2023 term began, the state was still operating under safe reopening guidelines. Masking became optional inside most University facilities starting March 28, the first day of spring quarter. Masks continued to be required in clinical and other health-care settings and on public transportation. The May H&S meeting was held via Zoom.

Welcome and Introductions.

Approval of the Minutes:

April 2022 minutes were approved as amended

April accident reports:

- **2022-04-025:** Student-assembled drone at makerspace in Bellevue malfunctioned and flew into person's right hand, cutting their hands and requiring stitches. There are no guards protecting the propeller blades. IP suggests a hazard assessment.

  Resolution: Supervisor says the primary cause was a failure to prepare for unexpected behavior and lack of policies in place. Also, the drone was used in constricted area with no PPE. Recommends requirements: Use in large open space, with students at a distance; this precludes use of drones within GIX facilities. Users must follow local drone regulations, require a minimum of PPE

(eye protection, gloves, long sleeves, long pants, and closed shoes) for those handling the drone. Require all drones to have propeller guards. Record all damage to the drone & unexpected behavior and share with all users. Treat the drone with caution after damage.

There is uncertainty of who the GIX representative might be. Lila noted that other units on campus fly drones indoors (sometimes in cages), that EH&S is developing a drone policy, and that there were good ideas in the OARS report. Allison says their communications group uses them, and they have no policy in place. Sonia noted there were several units in the College of Engineering (Mechanical, Aeronautics and astronautics) using drones. Brad added that UWTV and UMAC have shot drone footage in the Suzzallo Reading Room, and the only issue seemed to be dust being kicked up from the hanging lights and tops of casework.

Caroline remembered Becky Bullock (Risk Management) consulting with campus regarding drone use, but she wasn't sure what resulted from the conversation besides potential insurance implications. Caroline also forwarded UW Tacoma's drone policy. Caroline noted that UMAC has a request form online, but that isn't the same as a policy. She also found a note on UMAC's page:

"Drones. Certified UAS pilots should adhere to all FAA regulations while on UW property. Non-commercial pilots are expected to adhere to the FAA's Small UAS Rule (14 CFR part 107). UW controls airspace near the hospital, athletics village and residence halls and it's good practice to notify building managers of any scheduled drone shoot. UW Medicine operates a helipad near the Athletic fields and it is prohibited to fly a drone in this area. If a drone is flown anywhere near UW hospital you should register it with Life Flight at (206) 329-2569.
For flight plans, you can use Airmap to plan your flight."

Fieta asked about privacy issues about filming on campus. Allison says that the communications group had mentioned the assumption of no privacy in public spaces, but that there were permission issues for indoor areas and with minors.

- **2022-04-041:** SEA WANPRC employee had water from rag used to clean plexiglass in NHP cage splash into eye. IP suggests wringing out rag more, or safety glasses.

  Resolution: Supervisor says the rag was too wet; wring out rag more, or wear safety glasses.

- **2022-04-045:** Member of the public at Odegaard Library cut their finger when it was trapped as they attempted to slide the metal cover over to release a new roll of t.p. Staff responded and helped stop the bleeding; the finger didn't appear to need further medical assistance.

Resolution: Supervisor requested the dispenser be replaced; the metal dispensers were removed and replaced with four roll plastic dispensers. *Allison mentioned it might be worth managers checking the age of their paper towel and t.p. dispensers. She mentioned that Facilities is trying to replace them across campus when they see them, and that it might be worth mentioning the "building refresh project" to get money for replacement.*

- **2022-04-050:** SEA WANPRC employee was seeing the health nurse, and mentioned they had had gastrointestinal symptoms for more than a week; checking with doctor to see if related to any NHP exposure.

  Resolution: Supervisor notes say that if the GI issues are related to the monkeys in clinical isolation for GI pathogens, the exposure likely occurred before the monkeys were isolated. Suggests changing gloves more often between rooms, even when not under clinical isolation and wash hands more thoroughly when leaving the facility. *Per Melinda, this is the IP from OARS 2022-04-41. Sonia noted that if this did indeed prove to be related to animal exposure, they would need the test results, as that would entail a different report to OSHA. Matt said that virtually everyone who works in the units gets ill at some point in their first 6 months, due to meeting staph and shigella for the first time and being around aerosolized fecal matter. Melinda added that all new employees are told about potential transmissions (human to NHP, NHP to human) during their orientation, and given a handout.*

- **2022-04-074:** SEA WANPRC anesthesiologist gave themselves a needle stick during surgery, after injecting propofol into an IVC port. Suggests being more attentive.

  Resolution: Supervisor comments that at times it is awkward for an anesthesiologist to reach the IV port, with the patient occasionally still moving and the drape in the way. Proposes an evaluation stage before surgery, where the patient is placed on the table, and the anesthesiologist can locate a place on the fluid line (or add an extension) that will enable them to easily reach the port and give an infusion without a needle.

- **2022-04-077:** AZ WANPRC employee carrying a sedated animal into a cage, stood up into the metal perch, hitting and bruising their shoulder. Suggest changing the work layout.

  Resolution: Supervisor says the root cause was the existing policy for returning a sedated NHP, having to maneuver through an interior door that is not high enough. Recommends using a cart to transport the animal, so the person can navigate the doors more safely. The IP will try this method, and report back if it works better.

- **2022-04-083:** EH&S employee was walking down hallway when Achilles heel 'popped' and right leg gave out; subsequently painful to walk.

Resolution: Supervisor notes IP's ankle and/or tendon had been bothering them for several days, and they consulted with their physician. *Caroline wondered if it really was work related.*

Related April accident reports:

- **Group 4: 2022-04-018:** Physiology and Biophysics student was weighing rat, when it bit them and broke the skin. IP didn't notice the two bites & bleeding at once.

  Resolution: Supervisor says to pay attention to animal, and if anxious, wait for them to calm down. Use clean bucket, give them cereal, do not attempt to weigh them if still nervous. *Sonia said they asked for a second review, because of the animal expertise on Group 1. Matt said first step is always to determine the animal's temperament. Sulgi noted that she had worked with heroin-addicted rats, and that you held them by the base of the tail, and moved them on your arm*.

April U-Wide Updates:

Ryan reported on the April U-Wide COVID update:

- The BA2 variant spread
- Changes to the Covid Prevention Plan: required vaccines, masks on in health service areas, shuttles, around the immunocompromised.
- Waiting on updated L&I guidance
- Discussion about the 5-day wait after testing positive, and testing + again.

Sonia says that she had a health services conversation that it might depend on which type of test showed positive. Lila mentioned that a family doctor said that the PCR test could show positive up to 3 months after initial positive test. Jill added that people can be symptomatic for months, but not infectious; safest to stay out for 10 days rather than 5.

Good of the Order:

Caroline added that she had contacted the operations manager at GIX, asking what representation they wanted:

"In the supervisor section there are some notes that reflect a lack of a drone use policy, and include several ideas for future prevention, possibly to be incorporated into a drone policy. The Health and Safety Committee reviews OARS reports each month and representatives usually follow up to gather more information and see what follow up has been done. Can someone at GIX provide an update to us regarding the follow up preventing steps you took, including whether you decided to put together a policy for using drones in your maker space? If easier, I'm happy to talk by phone or zoom.

My second question relates to whether someone from GIX would like to be included in the Health and Safety Committee ongoing as opposed to having someone (i.e., currently, me) represent you. The benefits to being involved are that your office will be regularly up to speed with the latest changes and trends in injury prevention and other safety protocols. Here is more information generally about our specific HSC: https://www.ehs.washington.edu/system/files/resources/HSC-1-roster-2022-2023.pdf"

Meeting adjourned.

Exhibit 2

Nonhuman Primate Importation and Quarantine: United States Fiscal Year 2018

Robert J. Mullan, M.D.
Zoonoses Team
Quarantine and Border Health Services Branch
Division of Global Migration and Quarantine
National Center for Emerging Infectious Diseases

NHP Mortality, FY 2019, Causes of Death

Euthanized[1]	38
Enteritis/diarrhea	14
Post-anesthesia	9
Unknown/indeterminate	4
Pneumonia	3
Arrived moribund	2

[1] Enteritis non-responsive to therapy (11), herpes B positive (8), moribund upon arrival (5), shipping stress (3), foreign body (2), tuberculin skin test positive (2), congenital stenotic prepuce (1), dehydration (1), endometrial hyperplasia (1), failure to thrive (1), rectal prolapse (1), renal abscess (1), and trauma (1).

Nonhuman Primate Importation and Quarantine United States, Fiscal Years 2019-2021

Association of Primate Veterinarians Annual Workshop
Kansas City, MO October 15, 2021

(b)(6)

Veterinary Medical Officer, Quarantine and Border Health Services Branch
National Center for Emerging Zoonoses and Infectious Diseases
Division of Global Migration and Quarantine

NHP Morbidity and Mortality

	FY 2019	FY 2020	FY 2021
Overall Mortality	77 (0.20%)	79 (0.30%)	136 (0.43%)
Dead on Arrival (DOA)	6 (0.02%)	4 (0.01%)	11 (0.03%)
Died in Quarantine	71 (0.20%)	75 (0.30%)	125 (0.40%)
Illness reported to CDC (recovered during quarantine period)*	15 (0.04%)	0	119 (0.37%)

***Includes NHP illness that may be of public health concern such as clinical signs consistent with filovirus infection, confirmed *Shigella* and *Campylobacter* infection, and malaria.**

Mortality Data - Causes of Death	FY 2020	FY 2021
Humane euthanasia	14	85
Gastrointestinal disease*	34	15
Sepsis	13	14
Trauma	1	4
Wasting marmoset syndrome	0	4
Pneumonia	6	1
Unknown/indeterminate	4	10
Pyelonephritis/emaciation	0	1
Anesthetic complication	3	1
Hypothermia/hypoglycemia	2	0
Shipping stress	1	0
Cardiomyopathy	1	0
Pending	0	1
Total	79	136

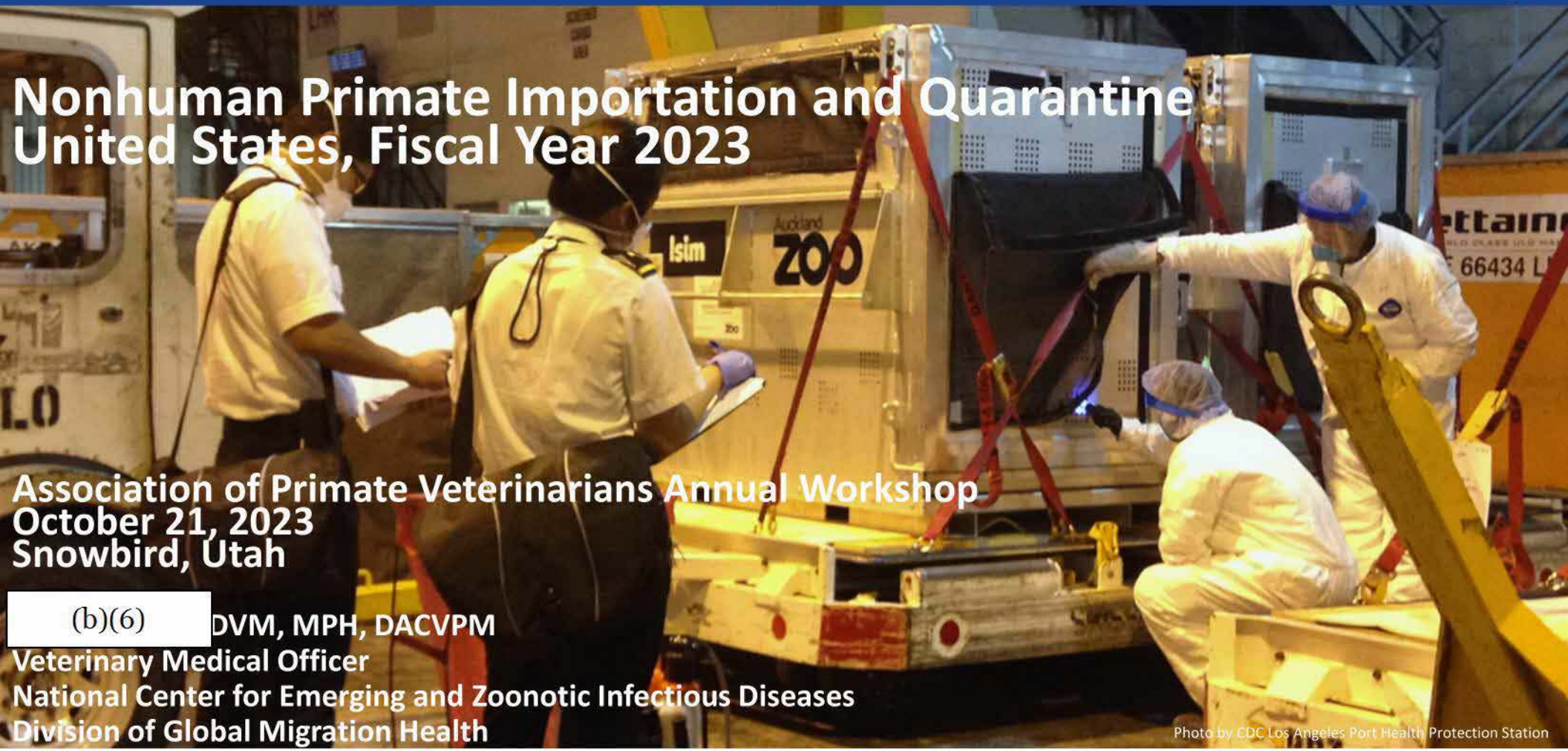
*FY20: Includes gastritis, enteritis, colitis, bloat, *Yersinia pseudotuberculosis, c*ampylobacteriosis, shigellosis.

*FY21: Includes enterocolitis, hemorrhagic gastroenteritis, erosive colitis with serositis, yersiniosis (*Yersinia pseudotuberculosis, Yersinia enterocolitica*), *c*ampylobacteriosis, shigellosis.

Mortality Data - Reasons for Euthanasia	FY 2020	FY 2021
Gastrointestinal disease +/- sepsis	4	34
Hypothermia/dehydration	0	4
Tuberculosis suspect	3	24
Bone fracture/other trauma	2	2
Severe rectal prolapse	1	3
Pneumonia	1	0
Melioidosis	0	1
Sepsis	0	1
Simian retrovirus (SRV) positive	2	13
Herpes B virus (HBV) seropositive	0	2
Sciatic nerve injury	1	1
Total	14	85

Centers for Disease Control and Prevention

Nonhuman Primate Importation and Quarantine United States, Fiscal Year 2023



Association of Primate Veterinarians Annual Workshop
October 21, 2023
Snowbird, Utah

(b)(6) DVM, MPH, DACVPM
Veterinary Medical Officer
National Center for Emerging and Zoonotic Infectious Diseases
Division of Global Migration Health

Photo by CDC Los Angeles Port Health Protection Station

NHP Morbidity and Mortality, FY 2023

- **Overall mortality* = 112 (0.60% of 18,734)**
  - Dead on arrival n=2 (0.01% of 18,734)
  - Died or euthanized in CDC quarantine n=110 (0.59% of 18,734)
  - Illness reported to CDC (recovered during quarantine period)** n= 18 (0.10% of 18,734)

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* Causes of death included trauma, anesthetic complication, enterocolitis, pneumonia/sepsis unrelated to disease of public health concern, euthanasia
** Illness included giardiasis, yersiniosis, campylobacteriosis, antibiotic-responsive diarrhea +/- hematochezia (tested negative for infectious agents)

U.S. Centers for Disease Control and Prevention

Nonhuman Primate Importation and Quarantine United States, Fiscal Year 2024

Mark Laughlin, DVM, MPH-VPH, DACVPM

Association of Primate Veterinarians Workshop

November 2, 2024

NHP Morbidity and Mortality, FY 2024

	FY 2024
Overall mortality	89 (0.56%)
Dead on arrival (DOA)	0 (0%)
Died in quarantine	89 (0.56%)
Illness reported to CDC (recovered during quarantine period)	85 (0.54%)

Causes of Death, (n)

- Euthanasia – Tuberculin Skin Test Reactor (59)
- Euthanasia – Poor Response to treatment (8)
- Gastric Dilation (3)
- Trauma (3)
- Wasting Marmoset Syndrome (3)
- Bacterial Pneumonia (3)
- Non-infectious/non-traumatic (3)
- Septicemia (3)
- Hepatic Lipidosis (1)
- Aspiration (1)
- Amyloidosis (1)
- Chronic Colitis (1)

NHP Morbidity and Mortality, FY 2024

	FY 2024
Overall mortality	89 (0.56%)
Dead on arrival (DOA)	0 (0%)
Died in quarantine	89 (0.56%)
Illness reported to CDC (recovered during quarantine period)	85 (0.54%)

Causes of Illness/symptoms, (n)

- Diarrhea (infectious), (49)
- Diarrhea (non-infectious), (33)
- Minor Trauma, (1)
- Dermatitis, (1)
- Drug Reaction, (1)

Exhibit 3

Zoonotic Diseases of Non-Human Primates (NHPs)

***Macacine herpesvirus* 1** (formerly *Cercopithecine herpesvirus* 1 [CHV-1], *Herpesvirus simiae,* monkey B virus)

This disease is extremely rare despite its high prevalence in the host species. Most macaques are asymptomatic carriers or display only mild oral lesions that are difficult to detect. Therefore, all macaques should be presumed to be shedding "B-virus".

- Reservoir/source of infection to people: Macaques are the major source of infection; although other old world primates may be infected.
- Transmission: Transmission occurs via bites, scratches, splashes (any body fluid or secretion, feces) needlesticks, and other contact of mucous membranes or broken skin with infected body fluids from macaques or with wet, unfixed tissues or primary cell culture tissue material. Contaminated husbandry or research equipment can potentially spread B virus.
- Incubation period: Variable, but typically it is about 2-3 weeks.
- Disease in people: Early stage symptoms reported: unexplained febrile disease: fever, chills, nausea, vomiting, dizziness, and persistent headache. Occasionally, fluid filled vesicles can form near the skin wound. Symptoms of disease progression may include symptoms attributable to central nervous system infection, such as ascending encephalomyelitis, diplopia, seizures, and respiratory failure. Fatality rate is 46%. The fatality rate exceeds 80% when the exposure is not evaluated and treatment is not received.

INJURIES OR MUCOUS MEMBRANE EXPOSURE REQUIRE IMMEDIATE FIRST AID! FOLLOW INSTRUCTIONS IN THE SCRUB KIT.

Campylobacter

Campylobacter is often called "campy." It is a family of bacteria that infects the intestines. The disease is called campylobacteriosis.

- Reservoir/source of infection to people: humans, domesticated pets, farm animals and laboratory animals.
- Transmission: Fecal/oral
- Incubation period: One to seven days. Most people get better in two to five days, even without treatment. Some people can take up to ten days to get better. The bacteria are gone after two to three weeks if your illness is treated. If you do not treat your infection, the bacteria can stay in your body waste for up to three months. You can get sick again, and you can also infect other people.

- Disease in people: Mild to severe diarrhea, or bloody diarrhea, nausea and vomiting, stomach pain/cramping, fever, headache, and general malaise.

Shigellosis

Shigella is a significant cause of diarrhea in NHPs, and is a significant zoonotic disease that has frequently been transmitted from NHPs to man.

- Reservoir/source of infection to people: Humans are the main reservoir of disease, but infected monkeys can be a source of infection. Any NHP may harbor *Shigella* bacteria, and clinical signs may not be apparent.
- Transmission: Fecal/oral. The organism is shed from clinically ill as well as asymptomatic humans and NHP. Only minimal contact is necessary for transmission.
- Disease in people: Signs range from none to a severe diarrhea may be accompanied with blood or mucus. More commonly a mild diarrhea.

Salmonella

S. typhimurium & S. enteritidis have been associated most commonly with lab animal colony infections.

- Reservoir/source to people: Intestinal tract of NHPs
- Transmission: Fecal/oral
- Disease in people: Acute gastroenteritis with sudden onset of abdominal pain, diarrhea, nausea, and fever.

Cryptosporidium

Protozoal organism that is common in mammals, particularly younger animals.

- Reservoir/source of infection: Many mammals
- Transmission: Fecal/oral, contaminated water
- Disease in people: Self-limiting diarrhea except in immune compromised people where it can be quite severe. No treatment.

Giardia

This protozoan is found in many mammals.

- Reservoir/source: NHPs and other mammals
- Transmission of giardia: Fecal/oral, contaminated water
- Disease in people: Chronic intermittent diarrhea +/- other systemic signs such as malaise, anorexia, severe cramping and nausea/vomiting.

Exhibit 4

Arizona Department of Agriculture
1688 W Adams Street
Phoenix, AZ 85007
Phone: 602-542-4293
Fax: 602-542-4290

https://agriculture.az.gov/animals/state-veterinarians-office/animal-importation-requirements

CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER: 23-AZ-20832081

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2023-09-21	2023-09-27	91WAS32083	|

ORIGIN OF SHIPMENT	CONSIGNOR, PRESENT OWNER OF SHIPMENT	DESTINATION OF SHIPMENT	CONSIGNEE, NEW OWNER OF SHIPMENT	CARRIER, TRANSPORTER
Washington National Primate Research Center 4202 N. Higley Road Mesa, AZ 85215 Maricopa County Phone: 480-204-2865 PIN/LID: /	**Washington National Primate Research Center** 4202 N. Higley Road Mesa, AZ 85215 Maricopa County Phone: 480-204-2865 PIN/LID: /	**Washington National Primate Research Center** 1705 NE Pacific St Seattle, WA 98195 King County Phone: 206-616-3555 PIN/LID: /	**Washington National Primate Research Center** 1705 NE Pacific St Seattle, WA 98195 King County Phone: 206-616-3555 PIN/LID: /	**JKL Secure Freight** PO Box 18950 Reno, NV 89511 Phone: 775-461-3631 PIN/LID: /

SPECIES - NUMBER IN SHIPMENT	PURPOSE(S) OF MOVEMENT	CARRIER TYPE	HERD STATUS NUMBER	HERD FREE FOR	CURRENT STATE/AREA STATUS
Primate () - 68 animals	Research	Climate Controlled Truck			

REMARKS/ADDITIONAL CERTIFICATION STATEMENTS
Shipping Date: 2023-09-28

Name: Z16068 | **DOB:** 2016-03-20 | **Color:** N/A | **Gender:** Female | **Breed:** M. nemestrina | **Head Count:** 1

Official ID Types: Chest Tattoo | **IDs:**
Z16068

Remarks:

Tests

Name	Type	Lab	Test Date	Accession	Result Date	Result
Coccidiomycosis	Titer		2023-08-27		2023-08-27	Negative
Tuberculosis	Skin Intradermal Antibody Test		2023-09-23		2023-09-26	Negative

Arizona Department of Agriculture
1688 W Adams Street
Phoenix, AZ 85007
Phone: 602-542-4293
Fax: 602-542-4290

https://agriculture.az.gov/animals/state-veterinarians-office/animal-importation-requirements

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For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER
23-AZ-20832081

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2023-09-21	2023-09-27	91WAS32083	

Name: 9 M. nemestrina - 8F/1M **| DOB:** 2007-02-20 **| Color: | Gender:** Multiple Genders (Mixed) **| Breed:** M. nemestrina **| Head Count:** 9

Official ID Types: Chest Tattoo **| IDs:**
A03177 | J05199 | L05311 | L11128 | M06139 | T10174 | K07291 | M11051 | L02276

Remarks:

Tests

Name	Type	Lab	Test Date	Accession	Result Date	Result
Coccidiomycosis	Titer		2023-08-31		2023-08-31	Negative
Tuberculosis	Skin Intradermal Antibody Test		2023-08-31		2023-09-03	Negative

Name: 12 male M. nemestrina **| DOB:** 2021-12-20 **| Color: | Gender:** Male **| Breed:** M. nemestrina **| Head Count:** 12

Official ID Types: Chest Tattoo **| IDs:**
Z21184 | Z21186 | Z21229 | Z21230 | Z22014 | Z22019 | Z22029 | Z22040 | Z21091 | Z21198 | Z21222 | Z22002

Remarks:

Tests

Name	Type	Lab	Test Date	Accession	Result Date	Result
Coccidiomycosis	Titer		2023-09-07		2023-09-07	Negative
Tuberculosis	Skin Intradermal Antibody Test		2023-09-07		2023-09-10	Negative

Arizona Department of Agriculture
1688 W Adams Street
Phoenix, AZ 85007
Phone: 602-542-4293
Fax: 602-542-4290
https://agriculture.az.gov/animals/state-veterinarians-office/animal-importation-requirements

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For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER: 23-AZ-20832081

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2023-09-21	2023-09-27	91WAS32083	|

Name: 14 female M. nemestrina | **DOB:** 2021-03-20 | **Color:** | **Gender:** Female | **Breed:** M. nemestrina | **Head Count:** 14

Official ID Types: Chest Tattoo | **IDs:**
Z20195 | Z21010 | Z21012 | Z21014 | Z21016 | Z21022 | Z21053 | Z21066 | Z21067 | Z21068 | Z21087 | Z21098 | Z21114 | Z21021

Remarks:

Tests

Name	Type	Lab	Test Date	Accession	Result Date	Result
Coccidiomycosis	Titer		2023-09-12		2023-09-12	Negative
Tuberculosis	Skin Intradermal Antibody Test		2023-09-12		2023-09-15	Negative

Name: 10 female M. nemestrina | **DOB:** 2021-01-20 | **Color:** | **Gender:** Female | **Breed:** M. nemestrina | **Head Count:** 10

Official ID Types: Chest Tattoo | **IDs:**
Z20097 | Z20128 | Z20158 | Z20178 | Z20185 | Z21011 | Z21025 | Z21070 | Z21216 | Z22018

Remarks:

Tests

Name	Type	Lab	Test Date	Accession	Result Date	Result
Coccidiomycosis	Titer		2023-09-13		2023-09-13	Negative
Tuberculosis	Skin Intradermal Antibody Test		2023-09-13		2023-09-16	Negative

Arizona Department of Agriculture
1688 W Adams Street
Phoenix, AZ 85007
Phone: 602-542-4293
Fax: 602-542-4290

https://agriculture.az.gov/animals/state-veterinarians-office/animal-importation-requirements

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For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER: 23-AZ-20832081

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2023-09-21	2023-09-27	91WAS32083	

Name: 16 M. nemestrina - 15F/1M | **DOB:** 2015-03-20 | **Color:** | **Gender:** Multiple Genders (Mixed) | **Breed:** M. nemestrina | **Head Count:** 16

Official ID Types: Chest Tattoo | **IDs:**
M04366 | Z15386 | Z16348 | Z17186 | Z18204 | Z20182 | Z21173 | L03132 | L06171 | R10149 | Z14032 | Z16279 | Z17142 | Z19004 | Z17062 | Z21057

Remarks:

Tests

Name	Type	Lab	Test Date	Accession	Result Date	Result
Coccidiomycosis	Titer		2023-09-14		2023-09-14	Negative
Tuberculosis	Skin Intradermal Antibody Test		2023-09-14		2023-09-17	Negative

Name: 6 male M. nemestrina | **DOB:** 2021-10-27 | **Color:** | **Gender:** Male | **Breed:** M. nemestrina | **Head Count:** 6

Official ID Types: Chest Tattoo | **IDs:**
Z21093 | Z21118 | Z21144 | Z21226 | Z22035 | Z22037

Remarks:

Tests

Name	Type	Lab	Test Date	Accession	Result Date	Result
Coccidiomycosis	Titer		2023-09-06		2023-09-06	Negative
Tuberculosis	Skin Intradermal Antibody Test		2023-09-06		2023-09-09	Negative

OWNER / AGENT STATEMENT
The animals in this shipment are those certified to and listed on this certificate.
Signature **Date**

OFFICIAL USE ONLY
The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

VETERINARIAN'S SIGNATURE:
This is a legally binding equivalent of a handwritten signature.

Kacie Woodward Kacie Woodward
2023-09-27 15:55:51 PDT

VETERINARIAN CERTIFICATION - I certify, as an accredited Veterinarian, that the above animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

Kacie Woodward
HSB I-421 Box 357330
Seattle, WA 98195
Phone: 206-616-0154

License Number and State: 8785 - AZ
National Accreditation Number: 078546

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

ARCF

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A17212		B275-A2	28/Feb/19		[via WF]
		B275-A2	08/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
		B275-A2	21/Sep/23	Obese	MFP - 10
A18025		B275-C2	01/May/22	Bone/Muscle/Joint Abnormality	On tx - OA spine, hips, stifles
		B275-C2	01/May/22		[via WF]
		B275-C2	01/Apr/23	Obese	MFP - 13
A18038		B275-E2	06/Feb/23	Weight loss/Thin	On tx + MFP - 26
		B275-E2	06/Feb/23		
		B275-E2	27/Sep/23	Semi-Annual Healthcare	
A18019		B275-G2	18/Aug/22		[via WF]
		B275-G2	19/May/23	Obese	MFP - 10
		B275-G2	27/Sep/23	Semi-Annual Healthcare	
A21189		B275-G2	31/May/23	Prophylactic Treatment	MPA for birth control
		B275-G2	31/May/23		[via WF]
		B275-G2	25/Aug/23	Semi-Annual Healthcare	
A18037		B275-I2	27/Jun/23	Weight loss/Thin	MFP - 20
		B275-I2	27/Jun/23		[via WF]
		B275-I2	27/Sep/23	Semi-Annual Healthcare	
A18040		B275-K2	19/Jan/23	Obese	MFP - 13
		B275-K2	19/Jan/23		[via WF]
		B275-K2	04/Oct/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
A20030		B275-M2	24/Aug/23	Diarrhea Acute	On tx - campy, EPEC, Entamoeba, Giardia + 9/8
		B275-M2	24/Aug/23		[via WF]
		B275-M2	05/Oct/23	Post-surgical/Post procedure Monitoring	Apheresis

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22177		B275-M2	24/Aug/23		[via WF]
		B275-M2	15/Sep/23	Weight loss/Thin	On tx
A21138	V-N	B276A-A2	10/Aug/23		
	V-N	B276A-A2	17/Aug/23	Semi-Annual Healthcare	
	V-N	B276A-A2	14/Sep/23	Post-surgical/Post procedure Monitoring	Tether
A21050		B276A-B1	12/Jun/23		
		B276A-B1	06/Sep/23	Bloodwork Abnormality	On tx - anemia
A21036		B276A-B2	29/Aug/22		[via WF]
		B276A-B2	09/Sep/22	Weight loss/Thin	Monitor
		B276A-B2	11/Oct/23	Post-surgical/Post procedure Monitoring	Lap sx
A21046		B276A-B2	03/Oct/23	Alopecia	Animal referred for Alopecia Severity 4. Recently completed (Aug) tether phase, no history of overgrooming behavior. See Procedures - Social and Extra Enrichment implemented. BMS will quantitatively assess behavior.
A21045		B276A-D2	29/Sep/23	Post-surgical/Post procedure Monitoring	Lap sx
		B276A-D2	29/Sep/23		
A21047		B276A-E2	07/Aug/23		
		B276A-E2	04/Oct/23	Bloodwork Abnormality	[via WF] Neutropenia
		B276A-E2	11/Oct/23	Post-surgical/Post procedure Monitoring	Ln, BAL
A21049		B276A-F2	17/Jul/23		
		B276A-F2	01/Aug/23	Post-surgical/Post procedure Monitoring	Aph + tether
		B276A-F2	03/Oct/23	Semi-Annual Healthcare	[via WF] Tb exempt, Virology 10/3/23
A21137	V-M	B276A-G2	13/Jul/23		
	V-M	B276A-G2	21/Jul/23	Post-surgical/Post procedure Monitoring	Tether, repair 9/28

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A21140	V-P	B276A-H2	25/Jun/23		[via WF]
	V-P	B276A-H2	22/Aug/23	Post-surgical/Post procedure Monitoring	Tether
Z16051	Z-G	B276B-A2	26/Sep/23	Semi-Annual Healthcare	
	Z-G	B276B-A2	26/Sep/23		[via WF]
Z16052	Z-H	B276B-B2	19/Sep/23		[via WF]
	Z-H	B276B-B2	20/Sep/23	Weight loss/Thin	On tx
	Z-H	B276B-B2	26/Sep/23	Post-surgical/Post procedure Monitoring	Aph + tether
	Z-H	B276B-B2	06/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Tail amp
Z21095	U-U	B276B-C2	04/Oct/23	Post-surgical/Post procedure Monitoring	EMKA removal
	U-U	B276B-C2	04/Oct/23		
Z21103	V-B	B276B-C2	01/Aug/23	Diarrhea Acute	On tx
	V-B	B276B-C2	01/Aug/23		[via WF]
Z14024		B276B-E2	02/Dec/22		
		B276B-E2	19/Dec/22	Weight loss/Thin	MFP - 24
Z16066	Z-R	B276B-E2	05/Sep/23	Diarrhea Acute	On tx - Campy, EPEC + 9/28
	Z-R	B276B-E2	05/Sep/23		[via WF]
	Z-R	B276B-E2	26/Sep/23	Semi-Annual Healthcare	
Z18045		B276B-G1	12/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Bone Marrow,
		B276B-G1	12/Oct/23		
Z16196		B276B-G2	31/Mar/23		
		B276B-G2	14/Sep/23	Psychological abnormality/ Psychotropic Rx	Aggression, difficult social pairing

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z19063		B276B-G2	28/Sep/22		[via WF]
		B276B-G2	12/Jun/23	Bloodwork Abnormality	On tx - anemia
		B276B-G2	12/Jun/23	Diarrhea Chronic	On tx
		B276B-G2	11/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Bone Marrow,
Z17083	E-S	B276B-H1	10/Dec/20		[via WF]
	E-S	B276B-H1	22/Sep/22	Weight loss/Thin	Monitor
Z17066	E-I	B276B-J2	22/Jul/19	Training - Lixit Check	TR2019-0016// Animal prolapsed at lixit check, request for training to self check lixit.
	E-I	B276B-J2	14/Aug/23		[via WF]
	E-I	B276B-J2	18/Aug/23	Bloodwork Abnormality	On tx - anemia
	E-I	B276B-J2	29/Aug/23	Diarrhea Repeat	On tx
Z21148	V-W	B276B-K2	10/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Lymph Node,
	V-W	B276B-K2	10/Oct/23		
Z21116	V-G	B276B-L2	28/Aug/23	Post-surgical/Post procedure Monitoring	Tether + EMKA
	V-G	B276B-L2	28/Aug/23		
A11225		B277-A2	04/Nov/20		[via WF]
		B277-A2	17/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips, stifles
		B277-A2	08/Aug/23	Modified Feed	20 BID
Z13195		B277-B2	10/Jun/21	Training - Present Body Part	TR2021-0018// Train for procedure cage and presentation of inguinal area for cleaning
		B277-B2	31/Aug/22		[via WF]
		B277-B2	08/Sep/22	Dermatologic Abnormality	On tx - Inguinal dermatitis
Z16318		B277-C2	17/Jun/20	Training - Blood Draw	TR2020-0004// Training for skin prick blood draw from leg
		B277-C2	08/Nov/21		[via WF]
		B277-C2	05/May/22	Training - Lixit Check	TR2022-0021// Lixit check

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z16318		B277-C2	02/Nov/22	Diarrhea Chronic	On tx
		B277-C2	01/Aug/23	Obese	MFP - 18
Z16343	D-F	B277-D2	29/Sep/23	Semi-Annual Healthcare	
	D-F	B277-D2	29/Sep/23		
Z16353	D-K	B277-E2	19/Oct/19		[via WF]
	D-K	B277-E2	19/Nov/20	Weight loss/Thin	On tx + MFP - 32
	D-K	B277-E2	12/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Bone Marrow,
Z14300		B277-G2	28/Aug/23	Diarrhea Repeat	On tx - EPEC, norovirus, giardia + 9/22
		B277-G2	28/Aug/23		[via WF]
Z16284	C-F	B277-H2	14/Dec/20		[via WF]
	C-F	B277-H2	28/Jan/21	Diarrhea Chronic	On tx - partner giardia +
	C-F	B277-H2	08/Sep/22	Weight loss/Thin	On tx + MFP - 30
Z17085	E-T	B277-I2	02/Feb/22	Training - Blood Draw	TR2022-0006\\ voluntary blood draw (saphenous)
Z17184	G-I	B277-I2	02/Oct/23	Diarrhea Repeat	On tx
	G-I	B277-I2	02/Oct/23		[via WF]
L10197		B278A-A2	02/Aug/21		[via WF]
		B278A-A2	03/Aug/21	Obese	MFP - 7
		B278A-A2	13/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips, spine
		B278A-A2	20/Apr/23	Prophylactic Treatment	MPA for birth control
Z15377	X-W	B278A-C1	17/Jun/20	Training - Blood Draw	TR2020-0004// Training for skin prick blood draw from leg
Z19040	L-N	B278A-C2	02/Aug/23	Training - TTRD	TR2023-0032\\ TTRD for Shears study \\
Z14335	J-D	B278A-D1	06/Mar/23	Swelling, nodule, or mass	Hepatomegaly
	J-D	B278A-D1	06/Mar/23		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A12245		B278A-D2	29/Oct/21		[via WF]
		B278A-D2	10/Mar/22	Bone/Muscle/Joint Abnormality	On tx - Thoracolumbar kyphosis, OA hips
Z18203		B278A-E1	22/May/23	Training - TTRD	TR2023-0028\\ TTRD and blood sampling for Shears
Z19046		B278A-E1	28/Apr/22		[via WF]
		B278A-E1	12/Jun/23	Diarrhea Chronic	On tx
A09092		B278A-E2	11/Aug/21		[via WF]
		B278A-E2	03/Jan/22	Training - Lixit Check	TR2022-0004// Lixit training
		B278A-E2	30/Aug/22	Cardiovascular abnormality	Monitor - Grade III-IV/VI murmur
		B278A-E2	22/May/23	Training - TTRD	TR2023-0028\\ TTRD and blood sampling for Shears
Z20172	R-U	B278A-G1	01/Aug/23		[via WF]
	R-U	B278A-G1	08/Aug/23	Diarrhea Repeat	On tx - culture neg 10/2
Z20091	O-M	B278A-G2	14/Feb/23		[via WF]
	O-M	B278A-G2	07/Apr/23	Diarrhea Chronic	On tx
	O-M	B278A-G2	21/Sep/23	Weight loss/Thin	On tx
Z20088	O-K	B278A-I1	18/Aug/23	Diarrhea Acute	On tx - campy, EPEC + 9/22
	O-K	B278A-I1	18/Aug/23		[via WF]
	O-K	B278A-I1	11/Sep/23	Alopecia	Animal referred for Alopecia Severity 4. See Procedures- Social and Extra Enrichment therapy implemented. BMS will quantitatively assess behavior. 9/28/23- BMS assessment in progress.
	O-K	B278A-I1	21/Sep/23	Dental Disease or Rx	[via WF] Fractured mand premolar
L08144		B278A-M2	02/Aug/23	Training - TTRD	TR2023-0032 \\ TTRD for Shears study. \\
		B278A-M2	04/Oct/23	Diarrhea Repeat	On tx
		B278A-M2	04/Oct/23		[via WF]
A20063		B278B-A2	23/Feb/23	Reproductive Tract Abnormality	Enlarged uterus/cervix, ovaries
		B278B-A2	23/Feb/23		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A20071		B278B-C1	15/Feb/22		[via WF]
		B278B-C1	11/Apr/22	Training - Present Body Part	TR2022-0019\\ Body presentation - inguinal area
		B278B-C1	16/Feb/23	Obese	MFP - 6
A20056		B278B-C2	08/Jun/21		
		B278B-C2	03/Mar/23	Modified Feed	MFP - 7
A20066		B278B-C2	11/Apr/22	Training - Present Body Part	TR2022-0019\\ Body presentation - inguinal area
A20060		B278B-E2	19/Sep/23		[via WF]
		B278B-E2	27/Sep/23	Weight loss/Thin	On tx
A20065		B278B-G1	19/Sep/23		[via WF]
		B278B-G1	27/Sep/23	Weight loss/Thin	On tx
		B278B-G1	05/Oct/23	Trauma	[via WF] L dorsal shoulder laceration
A20068		B278B-G2	11/Sep/23		[via WF]
		B278B-G2	02/Oct/23	Trauma	Tail amp
A20067		B278B-I2	23/Mar/22	Training - Present Body Part	TR2022-0016\\ Body presentation - inguinal area
A20069		B278B-K2	15/Feb/23		[via WF]
		B278B-K2	03/Mar/23	Obese	MFP - 11
A22059		B281-A2	17/Aug/23	Alopecia	Animal referred for Alopecia Severity 4. Had been flagged for alopecia since March. See procedures- Social and Extra Enrichment therapies implemented. BMS will quantitatively assess behavior. 9/28/23- Shifted from upper to lower level this week; BMS assessment in progress.
A21042		B281-I2	14/Aug/23		[via WF]
		B281-I2	29/Aug/23	Obese	MFP - 15
A22090		B281-K1	23/May/23		[via WF]
		B281-K1	09/Jun/23	Diarrhea Acute	On tx

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z16289	C-K	B282A-A1	16/Aug/23	Prophylactic Treatment	MPA for birth control
	C-K	B282A-A1	16/Aug/23		[via WF]
	C-K	B282A-A1	06/Sep/23	Weight loss/Thin	MFP - 20
Z17172		B282A-A1	25/Aug/23	Alopecia	Animal referred for Alopecia Severity 4. See Procedures- Extra Enrichment therapies implemented. BMS will quantitatively assess behavior. 9/6/23- Social contact (grooming-contact) therapy with female implemented. BMS will continue to assess. 9/28/23- Social contact upped to full contact 926; hair filling in, assessment in progress.
Z17333		B282A-A2	10/Mar/23		[via WF]
		B282A-A2	01/Apr/23	Weight loss/Thin	MFP - 24
		B282A-A2	25/Aug/23	Alopecia	Animal referred for Alopecia Severity 4. Had been flagged for Alo 3 since Jan. See Procedures- Extra Enrichment therapies implemented. BMS will quantitatively assess behavior. 9/28/23- Social contact therapy (grooming-contact) implemented 9/6, switched to full contact 9/26; BMS assessment in progress.
Z18101		B282A-A2	16/Aug/23	Prophylactic Treatment	MPA for birth control
		B282A-A2	16/Aug/23		[via WF]
Z16248	B-P	B282A-C1	16/Aug/23	Prophylactic Treatment	MPA for birth control
	B-P	B282A-C1	16/Aug/23		[via WF]
	B-P	B282A-C1	06/Sep/23	Weight loss/Thin	On tx + MFP - 20
Z18046		B282A-C2	25/Aug/22		
		B282A-C2	09/Sep/22	Weight loss/Thin	On tx + MFP - 24
Z18080		B282A-C2	16/Aug/23	Prophylactic Treatment	MPA for birth control
		B282A-C2	16/Aug/23		[via WF]
Z18136	J-E	B282A-I1	24/Aug/23		[via WF]
	J-E	B282A-I1	06/Sep/23	Weight loss/Thin	On tx + MFP - 20
Z18061		B282A-K2	25/Aug/23		[via WF]
		B282A-K2	06/Sep/23	Weight loss/Thin	MFP - 20
Z18081		B282A-K2	10/Mar/23		[via WF]
		B282A-K2	01/Apr/23	Weight loss/Thin	MFP - 24

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z18048		B282B-C2	25/Aug/22		
		B282B-C2	09/Sep/22	Weight loss/Thin	Monitor
Z17091	E-V	B282B-D1	20/Jan/21		[via WF]
	E-V	B282B-D1	21/Jan/21	Diarrhea Chronic	On tx
Z17048	D-W	B282B-E2	25/Apr/22		[via WF]
	D-W	B282B-E2	07/Sep/23	Diarrhea Chronic	On tx
Z17168		B282B-E2	22/Aug/23		[via WF]
		B282B-E2	25/Aug/23	Reproductive Tract Abnormality	R sperm granuloma
Z16199		B282B-G1	17/Aug/23		
		B282B-G1	01/Sep/23	Weight loss/Thin	MFP - 30
Z16194	A-Y	B282B-G2	08/Sep/23	Trauma	L forearm, L shoulder, muzzle
	A-Y	B282B-G2	08/Sep/23		[via WF]
	A-Y	B282B-G2	22/Sep/23	Diarrhea Acute	Monitor - campy, EPEC, norovirus + 9/22
Z17160	G-A	B282B-I2	13/Nov/20	Coccidioidomycosis	On tx - titer +
	G-A	B282B-I2	13/Nov/20		[via WF]
A16227		B283-A2	07/Sep/21	Obese	MFP - 6
		B283-A2	07/Sep/21		[via WF]
		B283-A2	14/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
		B283-A2	29/Aug/23	Semi-Annual Healthcare	
A16255		B283-B2	13/Mar/20		[via WF]
		B283-B2	26/Sep/22	Bone/Muscle/Joint Abnormality	On tx - OA hips, stifles
		B283-B2	20/Mar/23	Modified Feed	MFP - 11
		B283-B2	29/Aug/23	Semi-Annual Healthcare	

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22175		B283-C1	28/Sep/23	Alopecia	Animal referred for Alopecia Severity 4. See Procedures- Extra Enrichment therapies implemented. BMS will quantitatively assess behavior.
A23049		B283-E2	03/Oct/23	Post-surgical/Post procedure Monitoring	Apheresis
		B283-E2	03/Oct/23		
A22081		B283-F1	07/Sep/23	Semi-Annual Healthcare	
		B283-F1	07/Sep/23		[via WF]
		B283-F1	12/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
A22061		B283-I2	14/Aug/23		[via WF]
		B283-I2	26/Sep/23	Obese	MFP - 15
A20133	P-R	B283-M1	27/Sep/23	Semi-Annual Healthcare	
	P-R	B283-M1	27/Sep/23		[via WF]
A22075		B283-M1	27/Sep/23	Semi-Annual Healthcare	
		B283-M1	27/Sep/23		[via WF]
Z12403		B287-B1	23/May/22	Coccidioidomycosis	On tx - 1st neg titer
		B287-B1	23/May/22		[via WF]
Z12459		B287-B2	30/Aug/23		[via WF]
		B287-B2	18/Sep/23	Weight loss/Thin	On tx + MFP - 22
Z16031		B287-C1	13/Feb/23		[via WF]
		B287-C1	18/Sep/23	Modified Feed	MFP - 15
Z14187		B287-F2	02/Feb/22	Training - Lixit Check	TR2022-0009\\ Lixit check
Z16294	Z-Z	B287-F2	21/Jun/21		[via WF]
	Z-Z	B287-F2	22/Jul/21	Weight loss/Thin	Monitor
A12274		B287-H2	21/Sep/21		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A12274		B287-H2	22/Aug/23	Modified Feed	MFP - 6
Z15079	L-J	B287-J2	28/Jun/22	Training - Lixit Check	TR2022-0031// Lixit check
Z18134	J-C	B289-A1	27/Jun/22	Weight loss/Thin	On tx + MFP - 24
	J-C	B289-A1	27/Jun/22		[via WF]
L11036		B289-A2	18/Aug/20	Weight loss/Thin	On tx + MFP - 30
		B289-A2	18/Aug/20		[via WF]
Z13135		B289-B2	30/Aug/23		[via WF]
		B289-B2	14/Sep/23	Bone/Muscle/Joint Abnormality	Kyphosis, scoliosis
Z14063	F-V	B289-C1	09/Nov/22		[via WF]
	F-V	B289-C1	10/Nov/22	Obese	MFP - 12
Z12326	354	B289-D1	08/Nov/22		[via WF]
	354	B289-D1	12/Dec/22	Coccidioidomycosis	On tx - 1st neg titer
Z09143		B289-D2	14/Jul/23		[via WF]
		B289-D2	21/Sep/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
F09071		B289-E2	07/Apr/20		[via WF]
		B289-E2	02/Dec/22	Reproductive Tract Abnormality	On tx - Adenomyosis
Z13027	C-T	B289-F2	06/Jul/22		[via WF]
	C-T	B289-F2	14/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips, stifles
	C-T	B289-F2	26/Jun/23	Diarrhea Repeat	On tx
Z14095	F-Y	B289-G2	07/Mar/23		[via WF]
	F-Y	B289-G2	14/Mar/23	Weight loss/Thin	On tx + MFP - 24
	F-Y	B289-G2	31/Mar/23	Diarrhea Acute	On tx

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z14095	F-Y	B289-G2	06/Oct/23	Rectal prolapse	[via WF] Sedated for manual correction of ~5cm prolapse.
R08174		B289-I1	09/Nov/22		[via WF]
		B289-I1	11/Nov/22	Weight loss/Thin	MFP - 22
Z19263	N-C	B289-I2	02/Oct/23		[via WF]
	N-C	B289-I2	04/Oct/23	Weight loss/Thin	MFP - 20
L09006		B289-J1	08/Sep/23		[via WF]
		B289-J1	21/Sep/23	Weight loss/Thin	On tx + MFP - 22
Z15198	M-M	B289-K1	29/Aug/20		[via WF]
	M-M	B289-K1	11/Sep/20	Weight loss/Thin	On tx + MFP - 28
Z13196		B289-L1	14/Aug/23	Diarrhea Acute	On tx
		B289-L1	14/Aug/23		[via WF]
		B289-L1	17/Aug/23	Weight loss/Thin	On tx

Open Cases

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G/H-Wing

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21060	T-V	G608-E	03/Oct/23	Semi-Annual Healthcare	
	T-V	G608-E	03/Oct/23		[via WF]
Z21063	T-W	G608-E	03/Oct/23	Semi-Annual Healthcare	
	T-W	G608-E	03/Oct/23		[via WF]
Z21072	U-F	G608-E	03/Oct/23	Semi-Annual Healthcare	
	U-F	G608-E	03/Oct/23		[via WF]
Z21097	U-W	G608-E	03/Oct/23	Semi-Annual Healthcare	
	U-W	G608-E	03/Oct/23		[via WF]
Z19163		G608-H	29/Jul/23	Bloodwork Abnormality	September complete: Persistent mild anemia
		G608-H	29/Jul/23		[via WF]
Z21158	W-D	G608-H	08/May/23	Weight loss/Thin	September complete: Not gaining weight
	W-D	G608-H	08/May/23		[via WF]
Z21191	W-U	H610-E	28/Jun/23	Dermatologic Abnormality	Monthly: inguinal
	W-U	H610-E	28/Jun/23		[via WF]
Z22022	Y-P	H610-N1	27/Sep/23	Trauma- minor superficial	Left mandible/teeth
	Y-P	H610-N1	27/Sep/23		[via WF]
	Y-P	H610-N1	04/Oct/23	Dental Disease or Rx	[via WF]

Open Cases

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I-Wing

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z20195	S-P	I023-A1	12/Sep/23		[via WF]
	S-P	I023-A1	30/Sep/23	GI Disease	Campy, Vibrio, EPEC, Shigella, Entamoeba + 10/2
	S-P	I023-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21010	S-V	I023-A1	12/Sep/23		[via WF]
	S-V	I023-A1	30/Sep/23	GI Disease	Campy, Vibrio, EPEC, Shigella, Entamoeba + 10/2
	S-V	I023-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21022	T-H	I023-A1	12/Sep/23		[via WF]
	T-H	I023-A1	30/Sep/23	GI Disease	Campy, Vibrio, EPEC, Shigella, Entamoeba + 10/2
	T-H	I023-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	T-H	I023-A1	06/Oct/23	Weight loss/Thin	[via WF]
Z20158	R-G	I023-A2	13/Sep/23		[via WF]
	R-G	I023-A2	30/Sep/23	Trauma	Hands
	R-G	I023-A2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	R-G	I023-A2	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2
Z20185	S-H	I023-A2	26/Mar/23		[via WF]
	S-H	I023-A2	21/Jul/23	Diarrhea Chronic	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2
	S-H	I023-A2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	S-H	I023-A2	02/Oct/23	Alopecia	Animal referred for Alopecia Severity 4. Recent WA arrival. See Procedures- Social and Extra Enrichment therapies implemented. BMS will quantitatively assess behavior.
Z22035	Y-Y	I023-D1	06/Sep/23		[via WF]
	Y-Y	I023-D1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	Y-Y	I023-D1	03/Oct/23	GI Disease	Campy, EPEC, Giardia + 10/2
Z22037	Z-A	I023-D1	15/Apr/23		[via WF]
	Z-A	I023-D1	17/Apr/23	Weight loss/Thin	September complete
	Z-A	I023-D1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	Z-A	I023-D1	03/Oct/23	GI Disease	Campy, EPEC, Giardia + 10/2
Z21091	U-P	I023-D2	10/Sep/23		[via WF]
	U-P	I023-D2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-P	I023-D2	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21186	W-S	I023-D2	10/Sep/23		[via WF]
	W-S	I023-D2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	W-S	I023-D2	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2
Z21093	U-S	I023-F1	06/Sep/23		[via WF]
	U-S	I023-F1	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
	U-S	I023-F1	06/Oct/23	Weight loss/Thin	[via WF]
Z21226	X-T	I023-F1	06/Sep/23		[via WF]
	X-T	I023-F1	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
Z21118	V-I	I023-F2	17/Apr/23	Weight loss/Thin	August complete -RtG 7/6
	V-I	I023-F2	17/Apr/23		[via WF]
	V-I	I023-F2	25/Aug/23	Diarrhea Chronic	Campy, EPEC + 10/2
	V-I	I023-F2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21144	V-U	I023-F2	06/Sep/23		[via WF]
	V-U	I023-F2	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
Z21057	T-P	I023-H1	11/Jul/23		[via WF]
	T-P	I023-H1	25/Aug/23	Diarrhea Chronic	Campy, EPEC, Shigella, Entamoeba + 10/2
	T-P	I023-H1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21198	W-W	I023-H1	10/Sep/23		[via WF]
	W-W	I023-H1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	W-W	I023-H1	06/Oct/23	Diarrhea Acute	Campy, EPEC, Shigella, Entamoeba + 10/2
Z21053	T-M	I023-H2	30/Jan/23	Weight loss/Thin	August complete Pulled to HO 6/21-RtG 7/21
	T-M	I023-H2	30/Jan/23		[via WF]
	T-M	I023-H2	13/Sep/23	Diarrhea Acute	Campy, EPEC, Shigella, Entamoeba + 10/2
	T-M	I023-H2	15/Sep/23	Bloodwork Abnormality	[via WF] Anemic
	T-M	I023-H2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21173	W-H	I023-H2	05/Jul/23	Weight loss/Thin	August complete At least 4th trip to HO in 2023-RtG 7/30

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21173	W-H	I023-H2	05/Jul/23		[via WF]
	W-H	I023-H2	28/Jul/23	Diarrhea Chronic	Campy, EPEC, Shigella, Entamoeba + 10/2
	W-H	I023-H2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21067	U-A	I023-J1	12/Sep/23		[via WF]
	U-A	I023-J1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-A	I023-J1	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2
Z21087	U-M	I023-J1	12/Sep/23		[via WF]
	U-M	I023-J1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-M	I023-J1	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2
Z21098	U-X	I023-J2	12/Sep/23		[via WF]
	U-X	I023-J2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-X	I023-J2	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Giardia + 10/2
Z21114	V-E	I023-J2	12/Sep/23		[via WF]
	V-E	I023-J2	30/Sep/23	New Arrival Healthcare	[via WF]
	V-E	I023-J2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	V-E	I023-J2	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Giardia + 10/2
Z20097	O-S	I027-A1	13/Sep/23		[via WF]
	O-S	I027-A1	30/Sep/23	Endocrine/Metabolic/ Fluid Abnormality	[via WF] Dehydrated upon arrival
	O-S	I027-A1	30/Sep/23	Trauma- minor superficial	[via WF] RHD1
	O-S	I027-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	O-S	I027-A1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2
Z20128	P-L	I027-A1	13/Sep/23		[via WF]
	P-L	I027-A1	20/Sep/23	Alopecia	Animal presents w/ all body parts affected with hair loss. Severity Score of 4. Extra Enrichment and Procedures Implemented. Animal shipping next week to Seattle, on 9/16.
	P-L	I027-A1	30/Sep/23	Endocrine/Metabolic/ Fluid Abnormality	[via WF] Dehydrated upon arrival
	P-L	I027-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	P-L	I027-A1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2

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Z21216	X-J	I027-C1	13/Sep/23		[via WF]
	X-J	I027-C1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	X-J	I027-C1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/2
Z22018	Y-L	I027-C1	13/Sep/23		[via WF]
	Y-L	I027-C1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	Y-L	I027-C1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/2
Z21025	T-K	I027-C2	13/Sep/23		[via WF]
	T-K	I027-C2	02/Oct/23	New Arrival Healthcare	
	T-K	I027-C2	04/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/2
Z21070	U-D	I027-C2	13/Sep/23		[via WF]
	U-D	I027-C2	02/Oct/23	New Arrival Healthcare	
	U-D	I027-C2	04/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/2
Z16279	B-Z	I027-E1	25/May/23	Weight loss/Thin	Resolved: Shipping to Seattle
	B-Z	I027-E1	25/May/23		[via WF]
	B-Z	I027-E1	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
Z16348	D-H	I027-E1	08/Nov/22	Weight loss/Thin	Consider steroids if not improving- shipping to seattle
	D-H	I027-E1	08/Nov/22		[via WF]
	D-H	I027-E1	05/Sep/23	Diarrhea Acute	Campy, EPEC + 10/2
	D-H	I027-E1	02/Oct/23	New Arrival Healthcare	
Z17142	F-R	I027-E2	14/Sep/23		[via WF]
	F-R	I027-E2	17/Sep/23	Diarrhea Acute	Campy, EPEC + 10/2
	F-R	I027-E2	02/Oct/23	New Arrival Healthcare	
Z17186	G-K	I027-E2	14/Sep/23		[via WF]
	G-K	I027-E2	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
A22047		I029-A1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-A1	06/Sep/22		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22047		I029-A1	07/Sep/22	Dermatologic Abnormality	Monthly: Mildly dry ventrum- resolved on treatment (declined on QOD)
A22045		I029-B1	04/Apr/22	Weight loss/Thin	Monthly-BCS 2.0- increased BCS 2.5 8/2023
		I029-B1	04/Apr/22		[via WF]
		I029-B1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-B1	09/Mar/23	Bone/Muscle/Joint Abnormality	[via WF] Bilateral hip arthritis
A22049		I029-C1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-C1	06/Sep/22		[via WF]
		I029-C1	07/Sep/22	Bone/Muscle/Joint Abnormality	Monthly: TL kyphosis with spondylosis, hip and stifle arthritis
		I029-C1	07/Sep/22	Obese	Monthly: BCS 4- started MFP 12/12 on 9-7-22; decrease to 11/11 on 12/19/22; decrease to 10/10 9/2023
A22050		I029-D1	23/Apr/22		[via WF]
		I029-D1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-D1	24/Aug/22	Dermatologic Abnormality	Monthly: Crusts and flaking over dorsum
		I029-D1	25/Aug/22	Bone/Muscle/Joint Abnormality	Monthly: Spondylosis
		I029-D1	24/Mar/23	Obese	[via WF] 5/22 Start MFP @ 10/10; decreased to 9/9 July 2023
		I029-D1	11/Sep/23	Inappetence	[via WF] Reported for multiple days of low biscuit consumption
Z18204	K-P	I033-A1	26/Mar/23		[via WF]
	K-P	I033-A1	29/Mar/23	Weight loss/Thin	Keep in HO until Seattle shipment- Patton (25% gain in HO)
	K-P	I033-A1	12/Jul/23	Diarrhea Acute	Campy, EPEC, Shigella + 10/4
	K-P	I033-A1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z19004	L-A	I033-A1	05/Jul/23	Weight loss/Thin	Leukocytosis w/ neutrophilia on pre-ship exam w/o apparent etiology
	L-A	I033-A1	05/Jul/23		[via WF]
	L-A	I033-A1	17/Sep/23	Diarrhea Acute	Campy, EPEC, Shigella + 10/4
	L-A	I033-A1	04/Oct/23	New Arrival Healthcare	TB Lot 455X

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
R10149		I033-C1	22/Feb/23		[via WF]
		I033-C1	30/Sep/23	New Arrival Healthcare	[via WF]
		I033-C1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-C1	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/4
M04366		I033-C2	13/Nov/21		
		I033-C2	18/Apr/22	Diarrhea Chronic	EPEC, Shigella, Entamoeba + 10/4
		I033-C2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z14032		I033-C2	20/May/23	Weight loss/Thin	Hold in HO until SAE and relocate to 242 (Patton fail) (one more infant and then consider endpoint)
		I033-C2	20/May/23		[via WF]
		I033-C2	19/Aug/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-C2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z15386	X-Z	I033-E1	18/Oct/22	Weight loss/Thin	Resolved: Shipping to Seattle
	X-Z	I033-E1	18/Oct/22		[via WF]
	X-Z	I033-E1	26/Apr/23	Diarrhea Chronic	Campy, EPEC, Giardia + 10/4
	X-Z	I033-E1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z16068	Z-S	I033-E1	24/Apr/23	Weight loss/Thin	Pull to HO 8/27 (4th pull this year)
	Z-S	I033-E1	24/Apr/23		
	Z-S	I033-E1	26/Aug/23	Diarrhea Acute	Campy + 10/4
	Z-S	I033-E1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
L11128		I033-E2	23/May/23	Weight loss/Thin	September complete: resolved
		I033-E2	23/May/23		[via WF]
		I033-E2	12/Sep/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-E2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
T10174	W-S	I033-E2	20/Jul/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
	W-S	I033-E2	20/Jul/23		[via WF]
	W-S	I033-E2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
K07291		I033-G2	05/May/15		
		I033-G2	05/May/15	Coccidioidomycosis	1st negative 08/23

Open Cases

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K07291		I033-G2	12/Sep/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-G2	29/Sep/23	Prophylactic Treatment	[via WF] MPA for birth control
		I033-G2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-G2	05/Oct/23	Weight loss/Thin	[via WF]
L02276		I033-G2	21/Aug/15		
		I033-G2	13/Oct/20	Bone/Muscle/Joint Abnormality	Monthly: Spondylosis, Hips, Stifles- September complete
		I033-G2	04/Oct/23	New Arrival Healthcare	EPEC, Norovirus + 10/4
L03132		I033-I1	14/Sep/23		[via WF]
		I033-I1	28/Sep/23	New Arrival Healthcare	[via WF]
		I033-I1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-I1	05/Oct/23	GI Disease	EPEC, Shigella + 10/4
M06139		I033-I1	31/Aug/23		[via WF]
		I033-I1	28/Sep/23	New Arrival Healthcare	[via WF]
		I033-I1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-I1	05/Oct/23	GI Disease	EPEC, Shigella + 10/4
A03177		I033-I2	31/Aug/23		[via WF]
		I033-I2	12/Sep/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-I2	03/Oct/23	Pre- or Post Partum Rx	[via WF]
		I033-I2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
J05199		I033-I2	23/May/23	Weight loss/Thin	q1mo SOAP; Hx of anemia, mild thrombocytosis- August complete
		I033-I2	23/May/23		[via WF]
		I033-I2	31/Jul/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-I2	02/Sep/23	Bloodwork Abnormality	[via WF] September complete: Persistent anemia and hypoalbuminemia
		I033-I2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-I2	05/Oct/23	Pre- or Post Partum Rx	[via WF]
L05311		I033-K1	31/Aug/23		[via WF]
		I033-K1	12/Sep/23	Diarrhea Acute	Campy, EPEC, Entamoeba + 10/4
		I033-K1	04/Oct/23	New Arrival Healthcare	TB Lot 455X

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M11051	W-Z	I033-K1	12/Oct/22		[via WF]
	W-Z	I033-K1	17/Oct/22	Coccidioidomycosis	[via WF]
	W-Z	I033-K1	02/May/23	Weight loss/Thin	September complete
	W-Z	I033-K1	31/Jul/23	Diarrhea Acute	Campy, EPEC, Entamoeba + 10/4
	W-Z	I033-K1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
L06171		I033-K2	25/Aug/23	Diarrhea Acute	Campy, EPEC, Shigella, Entamoeba + 10/4
		I033-K2	25/Aug/23	Weight loss/Thin	Pregnant- 30% weight loss since Feb. -pull to HO 8/28
		I033-K2	25/Aug/23		[via WF]
		I033-K2	26/Sep/23	Prophylactic Treatment	[via WF] Purse string suture placed 9/26/23, monitor fecal production
		I033-K2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-K2	05/Oct/23	Pre- or Post Partum Rx	[via WF]
Z20182	S-E	I033-K2	21/Aug/23	Weight loss/Thin	HO 8/26-
	S-E	I033-K2	21/Aug/23		[via WF]
	S-E	I033-K2	30/Sep/23	Endocrine/Metabolic/ Fluid Abnormality	[via WF] Mild dehydration upon arrival
	S-E	I033-K2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
	S-E	I033-K2	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/4
Z22014	Y-I	I035-A1	10/Sep/23		[via WF]
	Y-I	I035-A1	30/Sep/23	New Arrival Healthcare	[via WF]
	Y-I	I035-A1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Y-I	I035-A1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/5
Z22019	Y-M	I035-A1	10/Sep/23		[via WF]
	Y-M	I035-A1	30/Sep/23	New Arrival Healthcare	[via WF]
	Y-M	I035-A1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Y-M	I035-A1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/5
Z21222	X-P	I035-A2	10/Sep/23		[via WF]
	X-P	I035-A2	30/Sep/23	New Arrival Healthcare	[via WF]
	X-P	I035-A2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	X-P	I035-A2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba + 10/5
Z22040	Z-D	I035-A2	10/Sep/23		[via WF]

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z22040	Z-D	I035-A2	30/Sep/23	New Arrival Healthcare	Moderate dehydration
	Z-D	I035-A2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Z-D	I035-A2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba + 10/5
Z21229	X-V	I035-C1	10/Sep/23		[via WF]
	X-V	I035-C1	30/Sep/23	New Arrival Healthcare	[via WF]
	X-V	I035-C1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	X-V	I035-C1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z22029	Y-W	I035-C1	10/Sep/23		[via WF]
	Y-W	I035-C1	30/Sep/23	New Arrival Healthcare	[via WF]
	Y-W	I035-C1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Y-W	I035-C1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z21230	X-W	I035-C2	09/Apr/23	Weight loss/Thin	September Complete: Resolved- decreasing NS
	X-W	I035-C2	09/Apr/23		[via WF]
	X-W	I035-C2	30/Sep/23	New Arrival Healthcare	Moderate dehydration
	X-W	I035-C2	05/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/5
	X-W	I035-C2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
Z22002	X-Z	I035-C2	10/Sep/23		[via WF]
	X-Z	I035-C2	30/Sep/23	New Arrival Healthcare	[via WF]
	X-Z	I035-C2	05/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/5
	X-Z	I035-C2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
Z21012	S-X	I035-E1	12/Sep/23		[via WF]
	S-X	I035-E1	30/Sep/23	New Arrival Healthcare	[via WF]
	S-X	I035-E1	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto + 10/5
	S-X	I035-E1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
Z21014	T-A	I035-E1	12/Sep/23		[via WF]
	T-A	I035-E1	30/Sep/23	New Arrival Healthcare	[via WF]
	T-A	I035-E1	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto + 10/5
	T-A	I035-E1	05/Oct/23	New Arrival Healthcare	TB Lot 455X

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Z21016	T-B	I035-E2	12/Sep/23		[via WF]
	T-B	I035-E2	30/Sep/23	New Arrival Healthcare	Moderate dehydration
	T-B	I035-E2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	T-B	I035-E2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z21021	T-G	I035-E2	12/Sep/23		[via WF]
	T-G	I035-E2	30/Sep/23	New Arrival Healthcare	[via WF]
	T-G	I035-E2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	T-G	I035-E2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z21066	T-Z	I035-G1	12/Sep/23		[via WF]
	T-Z	I035-G1	30/Sep/23	New Arrival Healthcare	[via WF]
	T-Z	I035-G1	05/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/5
Z21068	U-B	I035-G1	12/Sep/23		[via WF]
	U-B	I035-G1	30/Sep/23	New Arrival Healthcare	[via WF]
	U-B	I035-G1	05/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/5
Z21210	X-E	I065D-A1	27/Jul/23	Diarrhea Repeat	start BPF 7/27, start pepto 8/8, start tylosin 8/24
	X-E	I065D-A1	27/Jul/23		[via WF]
Z21220	X-N	I065D-A1	17/Apr/23		[via WF]
	X-N	I065D-A1	24/May/23	Diarrhea Acute	worse off pepto, campy +- azithro 7/14
	X-N	I065D-A1	28/Jun/23	Weight loss/Thin	[via WF] BCS 2.0
Z20157	R-F	I065D-A2	21/Feb/23		[via WF]
	R-F	I065D-A2	06/Apr/23	Diarrhea Chronic	Attempted to remove from Treatment March 2023- unsuccessful, tylosin 7/23 - azithro 8/8
Z20166	R-O	I065D-A2	21/Feb/23		[via WF]
	R-O	I065D-A2	05/May/23	Diarrhea Chronic	[via WF] On BPF and pepto
A17009		I089A-A1	03/Jan/22	Training - Lixit Check	TR2022-0001// Lixit check
		I089A-A1	19/Dec/22	Obese	6/3/21; Weight stable Decrease biscuits to 10 BID.
		I089A-A1	19/Dec/22		[via WF]

Open Cases

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A17247		I089A-A2	04/Feb/20		[via WF]
		I089A-A2	03/Jan/22	Training - Lixit Check	TR2022-0001// Lixit check
		I089A-A2	16/Aug/23	Bone/Muscle/Joint Abnormality	Decreased ROM hips
		I089A-A2	17/Aug/23	Modified Feed	MFP 9/9, start Aug 23
A17007		I089A-B1	11/Sep/19		[via WF]
		I089A-B1	03/Jan/22	Training - Lixit Check	TR2022-0001// Lixit check
		I089A-B1	17/Aug/23	Modified Feed	[via WF] Aug 2023 MFP 10/10
A21162		I089A-B2	17/Nov/22		[via WF]
		I089A-B2	29/Jun/23	Modified Feed	[via WF] Resolved obesity- 12/12 5/11/23
A21167		I089A-C1	16/Aug/23	Obese	MFP 14/14 start Aug 23; decreased to 12/12 Sept 23
		I089A-C1	16/Aug/23		[via WF]
A22004		I089A-D2	25/Sep/23	Obese	Begin MFP 15/15 9/25/2023
		I089A-D2	25/Sep/23		[via WF]
Z19074	M-F	I089B-A2	24/Apr/23		[via WF]
	M-F	I089B-A2	30/May/23	Post-surgical/Post procedure Monitoring	[via WF] MI Sternotomy 5/15, Thoracotomy cell injection 5/30, catheter replacement 6/28 L, catheter replacement 7/28 L, catheter explant L and implant R 9/20
Z21101	U-Z	I089B-B2	18/Sep/23		
	U-Z	I089B-B2	19/Sep/23	Experimental	[via WF] Monitoring for CRS. IV test article administration 9/18
	U-Z	I089B-B2	19/Sep/23	Weight loss/Thin	[via WF] Thin BCS, on tether
Z21089	U-O	I089B-C2	10/Oct/23	Post-surgical/Post procedure Monitoring	[via WF]
	U-O	I089B-C2	10/Oct/23		
Z18228		I089B-D1	28/Aug/23		[via WF]
Z20020		I089B-E2	25/Apr/23	Weight loss/Thin	NS 2 units SID
		I089B-E2	25/Apr/23		[via WF]
		I089B-E2	19/Sep/23	Experimental	[via WF] Monitoring for CRS. Test article administration 9/25

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z20020		I089B-E2	25/Sep/23	Post-surgical/Post procedure Monitoring	[via WF] femoral catheter and telemetry
Z13271	E-H	I089B-F1	06/Oct/15	Psychological abnormality/ Psychotropic Rx	10/6/15- Animal is engaging SAN behavior. BMS staff requested to start L-Theanine. Veterinarian JFL approved. MB 10/17/15 D/C L Theanine per vet. JFL prior to shipping. KC
	E-H	I089B-F1	14/Sep/23		[via WF]
	E-H	I089B-F1	19/Sep/23	Obese	September complete: Start MFP 14/14 9/2023
Z14378		I089B-F1	06/Oct/23	Diarrhea Acute	[via WF]
		I089B-F1	06/Oct/23		[via WF]
Z19051	L-R	I089B-F2	26/Jun/23		[via WF]
	L-R	I089B-F2	06/Jul/23	Experimental	[via WF] Monitoring for CRS
Z19078		I089B-F2	18/Nov/22		[via WF]
		I089B-F2	12/Jun/23	Diarrhea Chronic	[via WF] On tx
		I089B-F2	24/Aug/23	Experimental	[via WF] Monitoring for CRS
A21136	V-L	I089C-A2	15/Aug/23		
	V-L	I089C-A2	28/Sep/23	Post-surgical/Post procedure Monitoring	[via WF] femoral catheter
A23051		I089C-B2	02/Aug/23		
		I089C-B2	24/Aug/23	Experimental	[via WF] Monitoring during chemo
		I089C-B2	24/Aug/23	Weight loss/Thin	[via WF] Marinol BID, 2 NS SID
A22065		I089C-C1	23/Mar/23		[via WF]
		I089C-C1	13/Apr/23	Experimental	[via WF] Monitoring during study
		I089C-C1	26/Apr/23	Weight loss/Thin	[via WF] 2 NS SID noon, marinol BID
Z18194	K-I	I089Q-A2	24/Mar/22		[via WF]
	K-I	I089Q-A2	22/Jul/22	Training - Procedure Cage	TR2022-0036\\ Procedure cage and blood draw
	K-I	I089Q-A2	12/Aug/22	Diarrhea Chronic	Monthly: 2022- cipro, azithro, TMS (consider Tylsoin)- stable on BPF + Pepto
	K-I	I089Q-A2	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z19006	L-C	I089Q-A2	26/Sep/19		[via WF]
	L-C	I089Q-A2	28/Oct/19	Coccidioidomycosis	Last Positive 8/23
Z21146	V-V	I089Q-E1	18/Apr/23		[via WF]
	V-V	I089Q-E1	03/Aug/23	Diarrhea Acute	- start BPF 8/8, start pepto 8/24
	V-V	I089Q-E1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
Z21154	W-C	I089Q-E1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
	W-C	I089Q-E1	06/Oct/23		[via WF]
Z18108		I089Q-E2	29/Jun/23		[via WF]
		I089Q-E2	02/Jul/23	Weight loss/Thin	[via WF] 15% weight loss; BCS 2.0
Z19028		I089Q-E2	22/Jul/22	Training - Procedure Cage	TR2022-0036\\ Procedure cage and blood draw
		I089Q-E2	07/Sep/23		[via WF]
		I089Q-E2	15/Sep/23	Weight loss/Thin	[via WF] 20% loss over 2 months
		I089Q-E2	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
Z18195	K-J	I089Q-G1	22/Jul/22	Training - Procedure Cage	TR2022-0036\\ Procedure cage and blood draw
	K-J	I089Q-G1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
	K-J	I089Q-G1	06/Oct/23		[via WF]
Z19156	M-L	I089Q-G1	22/Jul/22	Training - Procedure Cage	TR2022-0036\\ Procedure cage and blood draw
	M-L	I089Q-G1	13/Jul/23	Weight loss/Thin	BCS 2/5 - NS start 7/13, 2 units 8/11
	M-L	I089Q-G1	13/Jul/23		[via WF]
	M-L	I089Q-G1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
Z16008		I089Q-G2	01/Jun/22		[via WF]
		I089Q-G2	24/Oct/22	Coccidioidomycosis	Negative since 2/23
		I089Q-G2	24/May/23	Swelling, nodule, or mass	Hepatomegaly- increasing
		I089Q-G2	29/Jun/23	Diarrhea Chronic	[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z14202		I089S-A1	07/Dec/19		[via WF]
		I089S-A1	25/Apr/22	Coccidioidomycosis	On tx - 1 neg titer
		I089S-A1	20/Jun/23	Pre- or Post Partum Rx	Due 11/11/23
Z12072		I089S-A2	09/Nov/22		[via WF]
		I089S-A2	29/Mar/23	Diarrhea Chronic	Stable on BFP and pepto, declined when pepto tapered. 8/2023 - acute case resolved with tylosin
		I089S-A2	30/Aug/23	Pre- or Post Partum Rx	Expected due date 1/15/24
A11186		I089S-B1	24/May/23		[via WF]
		I089S-B1	25/May/23	Obese	MFP - 15; decreased to 13/13 10/2023
R10195		I089S-B2	08/May/23	Obese	MFP - 11; increased to 13/13 8/23
		I089S-B2	08/May/23		[via WF]
A21164		I089U-A1	28/Jun/22	Training - Lixit Check	TR2022-0032// Lixit check
		I089U-A1	16/Aug/23	Obese	MFP 15/15 start Aug 23
		I089U-A1	16/Aug/23		[via WF]
A21165		I089U-A1	28/Jun/22	Training - Lixit Check	TR2022-0032// Lixit check
		I089U-A1	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
A21166		I089U-A2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
		I089U-A2	16/Aug/23	Obese	MFP 15/15 start Aug 23
		I089U-A2	16/Aug/23		[via WF]
A21160		I089U-B2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
A21159		I089U-E2	01/Feb/23		[via WF]
		I089U-E2	02/Feb/23	Obese	2/23: Start @ 13/13; decrease 12/12 July 2023
		I089U-E2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
A21161		I089U-E2	26/Jul/22		[via WF]
		I089U-E2	01/Aug/22	Obese	[via WF] BCS=4; MFP 15/15 start 8/25; 2/23: decrease 13/13; decrease 12/12 Aug 2023
		I089U-E2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A21196		I359-A2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I359-A2	19/Sep/23		[via WF]
A21197		I359-B2	04/Mar/22	Training - Direct Chair Load	TR20220013// Direct Chair load training
		I359-B2	11/Jan/23	Obese	Starting MFP 1/2023 @ 15/15; Decrease to 13/13 April 2023, decrease to 12/12 9/23
		I359-B2	11/Jan/23		[via WF]
A21195		I359-C2	25/Aug/23		[via WF]
		I359-C2	28/Aug/23	Obese	Start 12/12 MFP Aug 23
A21193		I359-D2	07/Sep/22		[via WF]
		I359-D2	08/Sep/22	Obese	BCS 4- 12/12 March- decreased 11/11 September -went to 10 @ sometime, 9/9 Jan. 2023, 8/8 April 2023, 7/7 July 2023
A17285		I363-A1	02/Feb/22		[via WF]
		I363-A1	24/Mar/23	Modified Feed	No change to MFP since June 2022, 9/9 keeps weight stable and with BCS 3.5
A22005		I363-A2	05/Apr/22	Training - Direct Chair Load	TR2022-0018// Direct load Chair training
		I363-A2	08/Sep/22	Obese	[via WF] MFP started @ 10/10 in September 2022
		I363-A2	08/Sep/22		[via WF]
A22069		I363-A2	16/Feb/23	Obese	[via WF] Start MFP @ 12/12 Feb. 2023, 10/10 Sep. 2023
		I363-A2	16/Feb/23		[via WF]
A17287		I363-C2	20/Dec/21	Training - Reshape	TR2021-0029\\ Chair shaking
		I363-C2	11/Oct/22	Obese	[via WF] 10/11/22: Start MFP at 13/13, 8/23 11/11
		I363-C2	11/Oct/22		[via WF]
		I363-C2	24/Jul/23	Training - Reshape	TR2023-0031\\ chair shaking, re-shape \\
		I363-C2	31/Aug/23	Post-surgical/Post procedure Monitoring	[via WF]
A19146		I363-D2	11/Feb/21	Training - Direct Chair Load	TR2021-0004// Direct load training
		I363-D2	02/Feb/22		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A19146		I363-D2	24/Mar/23	Modified Feed	No change to MFP since October 2022 @ 9/9
A19239		I363-D2	11/Feb/21	Training - Direct Chair Load	TR2021-0004// Direct chair load
		I363-D2	19/Sep/23	Modified Feed	[via WF] 13 BID
		I363-D2	19/Sep/23		[via WF]
A10256		I459-C2	21/Sep/23	Implant Abnormality	[via WF] Communication between margin and chamber
		I459-C2	21/Sep/23		[via WF]
A19244		I459-C2	17/Jun/22	Bone/Muscle/Joint Abnormality	Monthly: Hip early arthritis
		I459-C2	17/Jun/22		[via WF]
A19145		I461-B1	26/Mar/21	Training - Direct Chair Load	TR2021-0010// Direct load training
A18054		I461-B2	22/Jun/22	Training - Direct Chair Load	TR2022-0029// Direct load chair transfer to BMS staff until new lab tech is hired and trained.
		I461-B2	22/Jul/23		[via WF]
		I461-B2	31/Aug/23	Weight loss/Thin	[via WF] BCS 2.0 12% weight loss since abnormalities started
A18056		I461-C2	22/Jun/22	Training - Direct Chair Load	TR2022-0029// Direct load chair transfer to BMS staff until new lab tech is hired and trained.
A18036		I461-D2	22/Jun/22	Training - Direct Chair Load	TR2022-0029// Direct load chair transfer to BMS staff until new lab tech is hired and trained.
A21188		I461-E2	13/Sep/23		[via WF]
		I461-E2	18/Sep/23	Weight loss/Thin	[via WF] 10% weight loss over 6 months
A16228		I461-F1	13/Sep/23		[via WF]
		I461-F1	18/Sep/23	Obese	[via WF] MFP 14/14 9/2023
A19036		I461-F2	09/Mar/21	Training - Direct Chair Load	TR2021-0009// Direct load training

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A09044		I461-I2	13/Sep/23		[via WF]
		I461-I2	14/Sep/23	Obese	MFP 14/14 9/2023
		I461-I2	18/Sep/23	Post-surgical/Post procedure Monitoring	Tooth fragment removal and cleaning
A09042		I461-J2	04/Mar/21	Training - Direct Chair Load	TR2021-0008// Direct Chair Load
R10151		I463-A2	09/Nov/22		[via WF]
		I463-A2	10/Nov/22	Obese	Started MFP @ 16/16 11-10-22 ; 14/14 2/24/23; 12/12 June 2023
Z16134		I463-B2	12/Sep/23		[via WF]
		I463-B2	15/Sep/23	Obese	MFP 16/16 9/2023
Z13311		I463-C2	31/May/22		[via WF]
		I463-C2	02/Jun/22	Coccidioidomycosis	Last positive 5/31/22 (3 neg titers- but not over one year- need new titer Oct. 2023)
		I463-C2	30/Aug/23	Pre- or Post Partum Rx	[via WF] Due 1/23/24
Z16133	A-N	I463-C2	17/Jun/20	Training - Blood Draw	TR2020-0004// Training for skin prick blood draw from leg
Z21009	S-U	I463-E1	05/Oct/21		[via WF]
	S-U	I463-E1	10/Oct/21	Coccidioidomycosis	Last positive 8/23
	S-U	I463-E1	03/Oct/23	Pre-Anesthetic/ Assignment Assessment	
M03312		I563-B1	13/Feb/20		[via WF]
		I563-B1	24/Jun/21	Diarrhea Chronic	Monthly: Resolved on BFP + Pepto
Z09133		I563-C1	13/Aug/23		[via WF]
		I563-C1	24/Aug/23	Ocular Abnormality	[via WF] OD conjunctivitis
Z19262	N-B	I563-C2	24/Sep/21	Coccidioidomycosis	On tx - First neg 2/23.
	N-B	I563-C2	24/Sep/21		[via WF]
	N-B	I563-C2	24/May/23	Weight loss/Thin	BCS 2.5-; tx accidentally ended beginning june- restarted begin july
Z11356		I563-D1	12/Dec/22	Coccidioidomycosis	last positive 12/5/22

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z11356		I563-D1	12/Dec/22		[via WF]
		I563-D1	09/Jan/23	Dermatologic Abnormality	Monthly: lips
L06254		I563-E1	19/Apr/23		[via WF]
		I563-E1	24/May/23	Obese	MFP - 14- Terminal study ~August??
		I563-E1	19/Jul/23	Diarrhea Chronic	[via WF] BPF until study end date
T01112		I563-E1	19/Dec/22	Diarrhea Chronic	On tx - Crypto, norovirus + 5/16
		I563-E1	19/Dec/22		[via WF]
		I563-E1	24/May/23	Bone/Muscle/Joint Abnormality	OA - hips, stifles
		I563-E1	24/May/23	Obese	MFP - 13
		I563-E1	24/May/23	Swelling, nodule, or mass	Hepatomegaly-Terminal study ~August??
Z17261	H-F	I563-E2	22/Mar/22		[via WF]
	H-F	I563-E2	17/Jun/22	Diarrhea Chronic	BFP + pepto + ondansetron
	H-F	I563-E2	20/Jul/23	Alopecia	Animal was referred for Alopecia Severity 4. Historically known to engage in self-directed overgrooming, and receive social overgrooming from current social partner. See Procedures- Social and Extra Enrichment therapies implemented. BMS will monitor. 8/31/23- Shifted towards the door and moved from top to bottom level last week; BMS will monitor. 9/27/23- Moved between rooms with partner 9/19. BMS monitoring.
Z17268	H-K	I563-E2	31/Jul/23		[via WF]
	H-K	I563-E2	01/Aug/23	Weight loss/Thin	[via WF] BCS 2.0 - start NS 8/1/23
A19037		I565-A2	28/Jun/22	Bone/Muscle/Joint Abnormality	Monthly: Right knee crepitus
		I565-A2	28/Jun/22		[via WF]
		I565-A2	16/Nov/22	Post-surgical/Post procedure Monitoring	[via WF]
		I565-A2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
A19038		I565-A2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I565-A2	19/Sep/23		[via WF]
A19193		I565-C2	04/Feb/20		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A19193		I565-C2	06/Feb/20	Obese	Monthly: Decreased to 9/9 12/9/21
A22071		I565-D1	10/May/23	Training - Reshape	TR2023-0023\\ Re-shape neck plate \\
A22074		I565-D1	14/Mar/23		[via WF]
		I565-D1	15/Mar/23	Obese	September complete: 13/13 March 23, 12/12 July 23, 11/11 Sept. 23
		I565-D1	10/May/23	Training - Reshape	TR2023-0023\\ Re-shape neck plate \\
A19034		I567-A1	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I567-A1	19/Sep/23		[via WF]
A23021		I567-A2	07/Sep/23	Training - Direct Chair Load	TR2023-0035// Consult on neckplate training
A13008		I567-C2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I567-C2	19/Sep/23		[via WF]
A13010		I567-C2	11/Feb/20	Obese	Monthly: 15 BID
		I567-C2	11/Feb/20		[via WF]
		I567-C2	26/Jan/22	Bone/Muscle/Joint Abnormality	Monthly: Kyphosis
A17286		I567-E2	11/Jan/23	Obese	[via WF] Starting MFP 1/2023 @ 15/15 -- dec to 14/14 on 8/23
		I567-E2	11/Jan/23		[via WF]
		I567-E2	12/Sep/23	Implant Abnormality	[via WF] Suspect recurrent fistula from implant associated infection
		I567-E2	11/Oct/23	Post-surgical/Post procedure Monitoring	[via WF]
A19243		I567-E2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I567-E2	19/Sep/23		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A19089		I733-A2	20/Aug/21	Alopecia	Animal referred for Alopecia Severity 4. Overgrooming by social partner has been noted in the past. See Procedures- Social, Extra Enrichment, and Extra Cage Space therapies implemented. BMS will monitor. 9/17/21- BMS monitoring. 10/7/21- BMS is monitoring. 11/29/21- BMS monitoring. 12/30/21- Moved between rooms on 12/24, Hair regrowing, BMS monitoring. 1/31/21- BMS monitoring. 2/28/22- BMS monitoring. 3/30/22- Moved between rooms at beginning of month; BMS monitoring. 4/26/22- BMS continues to monitor. 5/25/22- Shifted within room 5/16. BMS monitoring. 6/23/22- Shifted within room 6/21; BMS monitoring. 7/28/22- BMS monitoring. 8/31/22- BMS monitoring. 9/15/22- Hair coat seems to be improving, BMS will continue monitoring. 10/28/22- BMS monitoring. 11/18/22- BMS monitoring. 12/21/22- Moved w partner to new room on 12/11; BMS monitoring. 1/31/23- Hair coat continues slow improvement; BMS monitoring. 2/28/23- Hair coat filling in more. BMS monitoring. 3/28/23- BMS monitoring. 4/19/23- BMS monitoring. 5/24/23- Room cohort moved to another room for 2 days at end of April then returned; hair coat continues to fill in; BMS will monitor. 6/26/23- Coat continues to gradually fill in; BMS monitoring. 7/20/23- Hair continues to improve, BMS monitoring. 8/31/23- BMS continuing to monitor. 9/27/23- Hair continues to fill in slowly.
		I733-A2	08/Sep/22	Modified Feed	On 15 SID with lab feeding
		I733-A2	08/Sep/22		[via WF]
		I733-A2	10/Mar/23	Bone/Muscle/Joint Abnormality	[via WF] hip arthritis
A19090		I733-A2	08/Sep/22		[via WF]
		I733-A2	29/Jun/23	Modified Feed	On 15 SID with lab feeding
A19033		I733-D2	08/Aug/23	Training - Reshape	TR2023-0033 \\ computer task re-shape for Buffalo Lab \\
A19123		I737-A2	19/Sep/23	Modified Feed	[via WF] 9 BID
		I737-A2	19/Sep/23		[via WF]
A19240		I737-B2	23/Jul/20	Training - Direct Chair Load	TT2020-0009// Direct load training consult
		I737-B2	24/Mar/22		[via WF]
		I737-B2	13/Apr/22	Reproductive Tract Abnormality	Monthly: Uterine masses- suspect endometrial polyps
A19241		I737-B2	03/Feb/22	Dermatologic Abnormality	Monthly: Ventrum- resolved on treatment- DO NOT END
		I737-B2	03/Feb/22		[via WF]
		I737-B2	09/Jun/22	Obese	Monthly: 6/22=10 BID; 8/26= 9 BID; 12/22= 8/8 BID; 03/23- 7/7
A14234		I737-D2	25/May/18	Dermatologic Abnormality	Monthly: On Dermocent-6; possible banana/peanut allergy. DJ- stable on tx- cont dermascent indefinitely

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A14234		I737-D2	25/May/18		[via WF]
		I737-D2	10/Mar/23	Ocular Abnormality	[via WF] biWeekly: Right eye swollen with excess conjunctiva
A22070		I737-F2	06/Jan/23	Neurological Abnormality	Cortical trauma
		I737-F2	06/Jan/23		[via WF]
A22073		I737-G2	12/Jul/23	Obese	MFP 14/14 7/2023
		I737-G2	12/Jul/23		[via WF]

Open Cases

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RR-Wing

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22031		RR046-A1	11/Jan/23	Bone/Muscle/Joint Abnormality	September complete: Kyphosis and decreased hip ROM
		RR046-A1	11/Jan/23		[via WF]
		RR046-A1	25/Sep/23	Post-surgical/Post procedure Monitoring	Canine extraction
A22032		RR046-A2	13/Jul/22		[via WF]
		RR046-A2	29/Jul/22	Obese	August complete: MFP - 7
		RR046-A2	15/Sep/22	Bone/Muscle/Joint Abnormality	September complete: OA hips
		RR046-A2	07/Nov/22	Training - Direct Chair Load	TR2022-042 \\ Direct chair load.
A21200		RR046-B1	11/Sep/23		[via WF]
		RR046-B1	21/Sep/23	Post-surgical/Post procedure Monitoring	[via WF] Cranial explant
A22033		RR046-C2	08/May/23	Modified Feed	Last reviewed August: MFP - 10
		RR046-C2	08/May/23		[via WF]
A21201		RR046-D2	20/Nov/21		[via WF]
		RR046-D2	15/Sep/22	Bone/Muscle/Joint Abnormality	September complete: OA hips, stifles
		RR046-D2	08/May/23	Weight loss/Thin	September complete: start NS tape 9/21 to 1 unit BID, 10/7 to SID
A22034		RR046-E1	01/Aug/22	Training - Direct Chair Load	TR2022-042// Direct load chair.
		RR046-E1	02/Dec/22		
		RR046-E1	07/Feb/23	Modified Feed	Last reviewed August: MFP - 13
		RR046-E1	29/Sep/23	Pre-Anesthetic/ Assignment Assessment	
A21199		RR046-E2	09/Feb/22		[via WF]
		RR046-E2	08/May/23	Bone/Muscle/Joint Abnormality	September complete - kyphosis
		RR046-E2	14/Jul/23	Modified Feed	Last reviewed August: 8 BID

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A21199		RR046-E2	21/Sep/23	Psychological abnormality/ Psychotropic Rx	start taper 10/4
Z16064	Z-O	RR047-A1	25/Mar/21		[via WF]
	Z-O	RR047-A1	31/May/22	Training - Lixit Check	TR2022-0025// Lixit check training
	Z-O	RR047-A1	13/Sep/23	Diarrhea Chronic	September complete: failed BPF taper (2nd chronic diarrhea case) - acute on 9/29/23
Z18217	K-T	RR047-A1	31/Jul/21		[via WF]
	K-T	RR047-A1	27/Jun/22	Weight loss/Thin	September complete: MFP - 20; 2U NS
A09109		RR047-A2	31/May/22	Bone/Muscle/Joint Abnormality	September complete: Spondylosis (should be going to geriatric Basso)
		RR047-A2	31/May/22		[via WF]
		RR047-A2	08/May/23	Obese	September complete: MFP - 7
Z14343	J-G	RR047-B2	13/Aug/20		[via WF]
	J-G	RR047-B2	17/Aug/20	Weight loss/Thin	September complete: enterotomy for FB 7/6/22 (increased NS to 2 units with pregnancy)
	J-G	RR047-B2	25/Aug/23	Pre- or Post Partum Rx	Est due date 1/6/24.- likely going to Adam's
Z14007	F-F	RR047-C2	16/Dec/21		[via WF]
	F-F	RR047-C2	11/Jul/22	Diarrhea Chronic	September complete: failed BPF taper June 2023 (acute on chronic end Sept.)
Z20012	N-M	RR048-A2	10/Apr/23	Weight loss/Thin	September complete: MFP - NS incr. to BID 8/2 (rejected by CDC)
	N-M	RR048-A2	10/Apr/23		[via WF]
Z15099		RR048-C2	08/May/23	Modified Feed	Last reviewed September: MFP - 15, decreased to 14/14 Sept.
		RR048-C2	08/May/23		[via WF]
Z17158	F-Y	RR048-C2	27/Sep/22		[via WF]
	F-Y	RR048-C2	28/Feb/23	Diarrhea Chronic	September complete:- BPF x 2 units + pepto
Z13082	40	RR144-A2	26/Sep/17	Coccidioidomycosis	On tx - titer + (still positive 6/2023)
	40	RR144-A2	26/Sep/17		[via WF]
Z14122		RR144-A2	03/Jan/22	Training - Lixit Check	TR2022-0003// Lixit training

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A23079	D-P	RR149-A1	21/Jul/23	Diarrhea Acute	[via WF]
	D-P	RR149-A1	21/Jul/23		[via WF]
	D-P	RR149-A1	05/Oct/23	Infant monitoring	[via WF] Weight has plateaued with weaning.
A23082	D-T	RR149-B1	21/Jul/23	Diarrhea Acute	[via WF]
	D-T	RR149-B1	21/Jul/23		[via WF]
A23081	D-S	RR149-C1	21/Jul/23	Diarrhea Acute	[via WF]
	D-S	RR149-C1	21/Jul/23		[via WF]
A23080	D-R	RR149-D1	21/Jul/23	Diarrhea Acute	[via WF]
	D-R	RR149-D1	21/Jul/23		[via WF]
A23046	C-O	RR149-F1	01/Sep/23	Infant monitoring	[via WF] Struggling with weight gain while weaning. Currently BCS 3 but not gaining much weight. Starting soaked biscuits.
	C-O	RR149-F1	01/Sep/23		[via WF]
A23048	C-R	RR149-G1	08/Sep/23	Dermatologic Abnormality	[via WF] R inguinal biopsy site
	C-R	RR149-G1	08/Sep/23		[via WF]
	C-R	RR149-G1	26/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
A23045	C-N	RR149-H1	26/Sep/23	Dermatologic Abnormality	scaling arms and legs
	C-N	RR149-H1	26/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
	C-N	RR149-H1	26/Sep/23		
A23043	C-L	RR149-H2	26/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
	C-L	RR149-H2	26/Sep/23		
Z14020	F-K	RR155-A2	03/Jan/22	Training - Lixit Check	TR2022-0004// Lixit training
	F-K	RR155-A2	08/May/23	Modified Feed	Last reviewed September : MFP - 15
	F-K	RR155-A2	08/May/23		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z12231		RR155-B2	08/Jan/21		[via WF]
		RR155-B2	18/Jan/21	Coccidioidomycosis	On tx - 1 neg titer
		RR155-B2	13/Jun/23	Obese	September complete: start MFP @ 15
Z20083	O-J	RR155-C2	18/May/23		[via WF]
	O-J	RR155-C2	22/May/23	Reproductive Tract Abnormality	September complete: Possible vaginal polyp
Z17135	F-J	RR155-D1	30/Mar/22	Weight loss/Thin	September complete: Short course steroids 7/31-8/5
	F-J	RR155-D1	30/Mar/22		[via WF]

Exhibit 5

University of Washington
National Primate Research Center

Accession # 23-109
Submission Date 30 Sep 23

DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester Colony Investigator Colony Animal ID # Z20178
Species Mn Requester's Phone

Date of Death 29 Sep 23 Date of Necropsy 30 Sep 23 Time 0730 Pathologist RM

Nutritional Condition: ☒ Adequate ☐ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☒ Micro ☐ Parasit ☐ Other heart blood for aerobic and anaerobic microbiology, lung for respiratory biofire, trachea for respiratory biofire, feces for GI biofire

Other Diagnostic Samples

Type of report: ☐ Final 16 Oct 23 ☐ Preliminary 30 Sep 23 ☒ Amended 2 Nov 23

Clinical History:

Colony animal died in transit from ABC to UW. The animal had been clinically normal with unremarkable bloodwork.

Gross Description:

A 3 year old, approximately 4.3 kg, intact female with inactive reproductive tract, pig-tailed macaque is presented dead in fair postmortem condition, the animal has adequate muscling and adipose stores, and is dehydrated. The dorsum has multiple, minor scabs and abrasions. There are no other significant external lesions and the integumentary and musculoskeletal systems are otherwise grossly unremarkable.

The aortic arch is moderately extensively dilated. Otherwise the cardiovascular system is grossly unremarkable.

The respiratory, nervous, digestive, urogenital, endocrine and hemic-lymphatic systems are grossly normal besides agonal congestion and autolysis.

Gross Diagnosis(es):

1. Dehydration
2. Moderately extensively dilated aortic arch

Gross Comments:

Besides dehydration there were no significant gross findings. The dilated aortic arch can predispose to aortic aneurysms but in this case the lesions was currently clinically insignificant.

Representative tissues preserved in formalin and histology is pending. Heart blood submitted for aerobic and anaerobic microbiology, fecal swab submitted for GI biofire, trachea and lung swabs submitted for respiratory biofire.

Histological Findings:

Sections of brain, pituitary gland, eye, lymph nodes (5 is pulmonary hilar node, 6 is inguinal and 7 is mesenteric, and all have moderate follicular activity), spleen (moderate follicular activity), thymus (active), liver (Ito cell vacuolation, mild lobular collapse and lymphohistiocytic aggregates), gall bladder, heart, aorta (including dilated aortic arch), kidneys (mild multifocal interstitial lymphohistiocytic aggregates), urinary bladder, lungs (extensive agonal congestion and edema, and moderate agonal aspiration of plant material with mixed bacterial proliferation), trachea (agonal aspiration of plant material and mixed bacteria), salivary gland, pancreas, GI tract, adrenal glands (mild multifocal nodular cortical hyperplasia), thyroid glands, skeletal muscle, tongue, ovaries, oviducts, uterus, cervix and skin with mammary gland are histologically unremarkable besides autolysis and stated changes.

Final Principal Diagnosis(es):

1. Dehydration (gross diagnosis)
2. Moderately extensively dilated aortic arch (gross diagnosis)

Histology Comments:

A cause of death or evidence of significant disease are not identified, and lack of histologic changes along with other findings indirectly suggest a metabolic cause of demise. There was agonal aspiration of plant material and mixed bacteria which resulted in the microbiology results in lung and trachea. The heart blood culture result was likely secondary to autolysis, and the GI biofire results were not significant in this animal as there was no evidence of enteritis or colitis.

Distributed findings to clinicians 13 Oct 23.

Please contact me with any questions, comments or concerns.

Pathologist_____RM_____

ADDENDUM RM 2 NOV 23

A section of bone with marrow is unremarkable besides autolysis.

Exhibit 6

Gerald J Fremin

From: Zuniga, Saturnino <Saturnino.Zuniga@crl.com>
Sent: Tuesday, January 7, 2025 10:55 AM
To: Gerald J Fremin; Franco, Judy B
Cc: Jane A Fontenot; Sauceda, Leticia; Pulter, Chelsea; Dana L Hasselschwert; Emily C Romero
Subject: RE: animal records

Thank You!

Satch Zuniga
Sr. Resource Coordinator Specialist| Global
6995 Longley Lane, Reno, NV 89511
P: 775.682.2551 | M: 775.682.2000 | F: 775.682.2100
saturnino.zuniga@crl.com | www.criver.com
LinkedIn | Twitter | Facebook | Eureka

From: Gerald J Fremin <gerald.fremin@louisiana.edu>
Sent: Tuesday, January 7, 2025 8:26 AM
To: Zuniga, Saturnino <Saturnino.Zuniga@crl.com>; Franco, Judy B <judy.b.franco@pfizer.com>
Cc: Jane A Fontenot <jane.fontenot@louisiana.edu>; Sauceda, Leticia <Leticia.Sauceda@crl.com>; Pulter, Chelsea <Chelsea.Pulter@crl.com>; Dana L Hasselschwert <dana.hasselschwert@louisiana.edu>; Emily C Romero <emily.romero@louisiana.edu>
Subject: RE: animal records

Satch,
Animals are housed indoors.
Animals will not be vaccinated for Hepatitis A.
Will provide updated body weight on CKD025 and CKD004 shortly.
Animals CKD036 and CKD057 which were positive for shigella (asystematic) and were not treated and do not have diarrhea.
Dr. Romero will provide x-rays for CKD078. Animal uses are normally.
Thanks, Jerry

From: Zuniga, Saturnino <Saturnino.Zuniga@crl.com>
Sent: Tuesday, January 7, 2025 9:43 AM
To: Gerald J Fremin <gerald.fremin@louisiana.edu>; Franco, Judy B <judy.b.franco@pfizer.com>
Cc: Jane A Fontenot <jane.fontenot@louisiana.edu>; Sauceda, Leticia <Leticia.Sauceda@crl.com>; Pulter, Chelsea

<Chelsea.Pulter@crl.com>
Subject: RE: animal records

CAUTION: This email originated from outside of UL Lafayette. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Jerry,

Please see comments/questions below from our vets.
Are these animals housed outside? If so, they will need T. Cruzi serology.
Will these animals be vaccinated for Hepatitis A?

CKD025	Lost weight and BC	Can we have a new weight?
CKD036 CKD057	Positive for Shigella	Were these animals treated? Do they currently have diarrhea?
CKD078	Non union fx of left ulna	Could we get a copy of the xrays? Does this animal use his arm normally?

Can we please get an updated weight on CKD004 as well? Looks like animal was consistently 3.5kg, then jumped to 6.45kg on 07 NOV and then back to 3.50kg on 12 DEC.

Thanks,

Satch Zuniga
Sr. Resource Coordinator Specialist| Global
6995 Longley Lane, Reno, NV 89511
P: 775.682.2551 | M: 775.682.2000 | F: 775.682.2100
saturnino.zuniga@crl.com | www.criver.com
LinkedIn | Twitter | Facebook | Eureka

From: Gerald J Fremin <gerald.fremin@louisiana.edu>
Sent: Monday, January 6, 2025 1:04 PM
To: Zuniga, Saturnino <Saturnino.Zuniga@crl.com>; Sauceda, Leticia <Leticia.Sauceda@crl.com>; Franco, Judy B <judy.b.franco@pfizer.com>
Cc: Jane A Fontenot <jane.fontenot@louisiana.edu>
Subject: FW: animal records

Satch,
Apologize for inadvertently not including you in e-mail below earlier regarding shipment to CRL/Reno.
Thanks, Jerry