



December 10, 2024

Sarah Helming
Deputy Administrator
Animal Care
Animal and Plant Health Inspection Service
U.S. Department of Agriculture

Via e-mail: sarah.j.helming@usda.gov; ac.complaints@usda.gov

Dear Ms. Helming:

I'm writing on behalf of People for the Ethical Treatment of Animals (PETA) and our more than 9 million members and supporters worldwide to request that the U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) investigate possible mistreatment of animals at Alpha Genesis, Inc. (AGI) in Yemassee, South Carolina. AGI holds a Class B dealer license (Certificate No. 56-B-0120) and a research registration (Certificate No. 56-R-0105) with the USDA. The company also holds a Public Health Service Approved Animal Welfare Assurance (D16-00387) with the National Institutes of Health's Office of Laboratory Animal Welfare (OLAW).

PETA has recently received disturbing reports from an inside source at AGI alleging abuse and neglect of nonhuman primates held at the company's Yemassee Primate Center (YPC) and Hampton Primate Center (HPC). If true, we believe the alleged treatment of animals violates the federal Animal Welfare Act (AWA) and the associated Animal Welfare Regulations (AWRs).

The insider alleges that monkeys held at AGI suffered from neglect, incompetence, and a culture of disregard for their welfare. As a key concern, the insider highlighted AGI's failure to maintain an adequate animal care program, citing a shortage of properly trained personnel necessary to ensure compliance with federal law.

I. Failure to maintain a program of adequate veterinary care

Section 2.33(b) of the AWRs states: "Each research facility shall establish and maintain programs of adequate veterinary care." The regulation further specifies that adequate care includes the "availability of appropriate facilities, personnel, equipment, and services," "use of appropriate methods to prevent, control, diagnose, and treat diseases and injuries," "[d]aily observation of all animals to assess their health and well-being," "a mechanism of direct and frequent communication [to veterinary staff] ... on problems of animal health, behavior, and well-being," and "adequate pre-procedural and post-procedural care in accordance with current established veterinary medical and nursing procedures."

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However, the level of care stipulated by these regulations was not met by AGI, as evidenced by the following incidents alleged by the insider. The AGI insider reported numerous instances in which monkeys were found dead in their enclosures. The company failed to use appropriate methods to prevent, control, diagnose, or treat diseases and injuries. Additionally, poor communication and inadequate training, lapses in parasite control, unsafe equipment, and a lack of awareness of individual monkeys' medical histories jeopardized the safety and well-being of monkeys held in AGI's facilities. The insider also reported that veterinary authority at the facility was often disregarded, with decisions ultimately driven by the client's interests rather than the welfare of the monkeys. This practice stands in clear violation of Section 2.33(a)(2) of the AWRs, which mandates that "each research facility shall assure that the attending veterinarian has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use."

A. Monkeys found deceased in enclosures

- i. On December 29, 2022, a juvenile long-tailed macaque identified as S114 was found dead in his enclosure. His left arm was stuck at the top of the chain link fence—and it appears the entrapment contributed to the animal's death.¹
- ii. On July 20, 2022, a two-year-old rhesus macaque identified as N915 was found dead with his finger stuck in a hole in a PVC pipe. A screw had fallen out of the hole, allowing the monkey to insert his finger. It seems the animal's plight went unnoticed by staff, and he may have died of heat exhaustion or thirst. The Attending Veterinarian wrote to AGI employees: "We need to have both [animal care] and vet techs be on the lookout for abnormal behavior that could indicate that an animal is stuck somewhere and can't get free. Please have a training session as soon as possible ... with your techs to explain the importance of catching any animals that could be stuck and can't get to water, especially during these hot summer days."^{2,3}
- iii. On May 8, 2022, a juvenile rhesus macaque identified as R752 was found dead in Clinic 26. The monkey had strangled to death after becoming entangled in a piece of stretch gauze that had been used to secure a water bottle. The AGI insider reported that when it was time to replace items (such as hardware to secure water bottles), the cheaper option would be used—even if that potentially jeopardized the safety of animals.⁴
- iv. On March 17, 2022, an 11-month-old female long-tailed macaque identified as R104 was found dead in an outdoor enclosure where she was held. Her head had become stuck in a chain link fence, and the skin on the right side of her neck and shoulder was bruised, but the underlying tissue was normal. The remainder of her body was soaked in feces. It was determined that she'd died of hypothermia and acute dehydration.⁵
- v. On February 23, 2022, a morbidly obese monkey identified as 6C161K was found dead in a transfer box (a plastic box with a few breathing holes) that was too small for the monkey. The necropsy indicated pulmonary edema (a buildup of fluid in the lungs) secondary to hypertrophic cardiomyopathy

¹Ex. 1, 2022-12-30_S114 Necropsy Report

²Ex. 2, 2022-07-20_N915 Finger Stuck Email

³Ex. 2, 2022-07-20_N915 Necropsy Report

⁴Ex. 3, 2022-05-08_Bldg 26 Bottle Incident Email

⁵Ex. 4, 2022-03-17_R104 Necropsy Report

(thickening of the heart muscle that can interfere with the heart's ability to pump blood effectively). The heart failure may have been exacerbated by the animal's inability to breathe in the box.⁶

- vi. On August 18, 2021, a monkey identified as R390 was found dead in a cage holding several monkeys. The monkey was trapped under other monkeys, and it was suspected that the animal died of suffocation. The necropsy confirmed that the monkey suffered pulmonary contusions (bruises on the lung caused by blunt chest trauma). The monkey was in AGI's "Processing" area—where monkeys coming into AGI and going from AGI to other facilities are handled in an assembly line fashion to be sedated, physically examined, tattooed, dewormed, and subjected to other procedures.⁷
- vii. On May 17, 2021, an infant monkey was found deceased in their enclosure. The monkey sustained severe trauma to their lower leg—including a fracture to the tibia and fibula and a dislocated knee—after they became caught in a slide bolt lock inside the enclosure.⁸
- viii. On January 18, 2021, an 18-year-old female macaque held in building FC20 was found dead in her enclosure. Temperatures in the building were reported to be in the low 40s—and it seemed the monkey died of hypothermia.⁹
- ix. On January 17, 2021, two infants were found dead of trauma in Cage NEM03B.¹⁰
- x. On January 16, 2021, a 19-year-old female macaque was found dead in an outside run during a period of low temperatures. The monkey should have been kept inside, but it seems she was missed when other monkeys were taken indoors.¹¹

B. Lack of adequate facilities, qualified personnel, proper equipment, clear communication, and essential services

- i. On November 14, 2022, a pregnant female held at AGI's HPC was experiencing dystocia (difficult birth). AGI's employees had failed to note that this monkey had been subjected to a C-section the previous year—increasing the likelihood of dystocia. AGI's staffers were forced to perform emergency surgery but were unprepared. No competent staffer was available to administer anesthesia, and a heating pad and IV pump were not in place. By the time the necessary personnel and equipment were gathered, the monkey's uterus had adhered to the surrounding organs, the uterine wall had ruptured, and foul mucopurulent debris was being exuded. The monkey was euthanized on the table. According to the AGI insider, the company's failure to track pregnancies resulted in substandard care for this monkey, ultimately resulting in her death. An outside consultant secured to help address lapses at AGI opined on this incident: "The lack of trained personnel at HPC is unacceptable. Unfortunately, things will take some time to change and for the

⁶Ex. 5, 2022-02-23_6C161K Necropsy Report

⁷Ex. 6, 2021-08-18_R390 Processing Suffocation Necropsy Report

⁸Ex. 7, 2021-05-17_R031 Caught In Bolt Email

⁹Ex. 8, 2021-01-18_Report from Clinical Veterinarian

¹⁰Ex. 8, 2021-01-18_Report from Clinical Veterinarian

¹¹Ex. 8, 2021-01-18_Report from Clinical Veterinarian

- techs to be trained properly, so there will certainly be times of frustration until that happens.”^{12,13}
- ii. On August 18, 2022, the records for a monkey at HPC, identified as H42N, could not be located. The records had been placed under a different identification number. Such inattention to maintaining animal care records jeopardizes the well-being of animals at AGI.¹⁴
 - iii. On November 26, 2021, a monkey who was on a diabetes study had a drug (Luciferin) administered via IV. The monkey began having trouble breathing and then went into respiratory arrest. When a veterinarian arrived on the scene, there were no emergency drugs and no endotracheal tube to use for intubation. Luciferin must be administered slowly and is known to cause anaphylaxis death, but it seems this protocol was not followed. The monkey had also experienced 15% weight loss over the previous month, but the laboratory did not report this.^{15,16}
 - iv. On July 7, 2021, a monkey appeared slow and depressed with some minor wounds to the shoulders. The monkey was unresponsive and was taken to the facility hospital for suspected hyperthermia. The monkey’s temperature was 99.0° F at the clinic, with minimal heartbeat. The necropsy noted that the monkey was very thin, with a poor body condition score (BCS) of 1.5 out of 5. The insider observed: “This was another unfortunate but foreseeable death as the end result of poor observations and considerations for acclimation to summer heat and group behavior.”¹⁷
 - v. The facility has repeatedly witnessed prolapses during or after Processing. On January 25, 2021, a veterinarian emailed other employees: “I know we were limited on availability with space, but as I’m sure all of the vets can vouch for, today’s process was less than ideal. The vets had to work prolapses on at least half of the [nonhuman primates] being shipped, and we had some minor face bleeding.”¹⁸ On June 10, 2021, a different veterinarian wrote just before 8 a.m.: “Lately, we have been having more prolapses after processing. We had 3 in one location yesterday and so far 2 today.”¹⁹ On November 9, 2021, a monkey was admitted to the clinic for a rectal prolapse while in Processing. The prolapse reduced, but the monkey didn’t recover from sedation. By the end of the day, the monkey was moribund and was euthanized.²⁰
 - vi. In January 2021, there was a rash of incidents in which monkeys were placed in incorrect cages and missed their medications due to staff confusion caused by inconsistent cage numbering systems across buildings.²¹ The issue was raised again in June 2021 by a veterinarian who emailed others: “The new numbering system in the buildings seems to [be] less confusing for our staff,

¹²Ex. 9, 2022-11-14-HPC C-Section Discussion

¹³Ex. 9, 2022-11-14_H62W Necropsy Report

¹⁴Ex. 10, 2022-08-18_HPC H42N medical record missing

¹⁵Ex. 11, 2021-11-26_GB7D Lab death no ER drugs

¹⁶Ex. 11, 2021-11-26_GB7D Necropsy Report

¹⁷Ex. 12, 2021-07-07_N223 Histopathology Report

¹⁸Ex. 13, 2021-01-25_Prolapses in Monkeys Being Shipped Email

¹⁹Ex. 13, 2021-06-10_Prolapses After Processing

²⁰Ex. 13, 2021-11-10_K021 Necropsy Report

²¹Ex. 14, 2021-01-04-Building Cage Numbering Confusion

but we are still having issues with animals in the incorrect cages ... I thought this was gone over with everyone, but we still keep having mix-ups.”²²

C. Client interests undermine veterinary authority

- i. Over a weekend in July 2021, a macaque had gone down in their cage in a study building, and the veterinary technician contacted the veterinarian on call. The supplies necessary to address the situation—a heating pad, a bag of fluids, and oxygen—were unavailable in the study building. The heating pad and fluid bag were gathered from other buildings at the facility, but oxygen to assist the monkey’s respiration was still unavailable. At that point, the monkey was in severe distress, very pale, tachycardic, and weak. Although the veterinarian recommended euthanasia, the laboratory supervisor prevented this course of action, stating they would need to clear this with the client who had commissioned the study. The insider said: “Even though the veterinarian is supposed to make the call [on euthanasia], the backlash and pressure about making these decisions was not so simple.” The insider also observed that AGI failed to ensure clear communication or a clear chain of command regarding the protocol for treating a sick monkey on a protocol.
- ii. In January 2021, the sales coordinator at Alpha Genesis asked why a monkey was sent to the clinic, even though the animal had diarrhea, 5% weight loss, dehydration, and elevated kidney levels.²³

D. Failure to prevent the spread of pathogens

- i. In March 2022, multiple juvenile monkeys died in Building 10, raising concerns about pathogens. It was determined that a monkey identified as P037 had *Shigella*, another identified as R537 had whipworms, and three—identified as R057, P700, and R172—had campylobacter. In the ensuing discussion, one employee suggested that AGI could put foot baths in the hallway, revealing the company’s failure to employ basic methods to mitigate the spread of pathogens. A veterinarian wrote to other employees: “I actually emailed [the animal care manager] about this a couple of weeks ago, as I noted we had trends from Building 10 & 27 as well as FC22 with [juvenile monkeys] with dramatic weight loss. It seemed to start towards the end of [January], and the majority of the juvies have lost 25% body weight within 2-4 weeks of the last processing, so we can see when it occurs. While some may have diarrhea by the time they are pulled, they are not usually very dehydrated, just malnourished ... As to the parasites, I have had concerns that we don’t get the infants & juvies adequately dewormed. Not only may they never be fully dewormed, but we may also be inducing some resistance.” The veterinarian recommended feeding the monkeys “Fenben feed,” to control the prevalence of whipworms, writing, “I know that may be costly, but if parasites are contributing to the weight loss, would be worth it.”^{24,25}
- ii. In December 2021, an AGI employee submitted a request for better rodent control in the neighborhood of Building 20: “This building has historically

²²Ex. 14, 2022-06-02_Cage Confusion Emails

²³Ex. 15, 2021-01-14_Monkey Taken to Clinic Email

²⁴Ex. 16, 2022-03-15_080385 Corral Cleaning – Whipworms

²⁵Ex. 16, 2022-03-17_Bldg 10 Cleaning

been a problem for yersinia and shigella, both of which are easily spread by rodents. Furthermore, the side doors to Building 20 are left open at night during the summer months for ventilation,” increasing the likelihood of rats and mice entering the building and shedding pathogens. The incident also represents AGI’s failure to maintain standards related to cleaning, sanitization, housekeeping, and pest control as required by Section 3.84(c) of the AWRs, which states: “Premises where housing facilities are located ... must be kept clean and in good repair in order to protect the nonhuman primates from injury, to facilitate the husbandry practices required in this subpart, and to reduce or eliminate breeding and living areas for rodents, pests, and vermin.”²⁶

- iii. On June 23, 2021, AGI employees observed that excessive intestinal parasites were being diagnosed at the facility. The insider noted that there was no established parasite control program at the time.^{27,28}

II. Failure to handle animals appropriately

Section 2.38(f)(1) specifies that “[h]andling of all animals shall be done as expeditiously and carefully as possible in a manner that does not cause trauma, overheating, excessive cooling, behavioral stress, physical harm, or unnecessary discomfort.” Also, Section 2.32(c)(1)(ii) of the AWRs states: “Training and instruction of personnel must include guidance in ... [h]umane methods of animal maintenance and experimentation, including ... [p]roper handling and care for the various species of animals used by the facility.” Additionally, Section 2.33(b)(4) of the AWRs requires animal experimentation facilities to “establish and maintain programs of adequate veterinary care that include ... [g]uidance to principal investigators and other personnel involved in the care and use of animals regarding handling, immobilization, anesthesia, analgesia, tranquilization, and euthanasia.”

However, the AGI insider reported multiple incidents at the company’s facilities that suggested that workers failed to handle animals as carefully or humanely as possible.

- a. On December 30, 2022, a monkey identified as N092 suffered tail trauma that required amputation of half the tail. A veterinarian wrote to other employees: “It is possible this could have been related to trauma from being squeezed up during shipment prep.”²⁹
- b. On August 28, 2022, a monkey identified as D17E in Cage 41 of Building 26 was observed to have three fingers of their right hand stuck between the cage back and the squeeze panel. The monkey had been squeezed for an injection on Saturday morning, so they had likely been stuck since then. The monkey was sedated, released from entrapment, and assessed. There were no fractures, although there were abrasions, and the animals’ fingers were swollen and bruised.³⁰
- c. On July 18, 2022, a juvenile monkey identified as S751 was found unconscious in his home location just before noon. Processing had been sedating monkeys earlier that morning, and this juvenile was found critically hypoglycemic and had sustained bruising

²⁶Ex. 17, 2021_Rodent Control Request

²⁷Ex. 18, 2021-06-23_Parasite Map

²⁸Ex. 18, 2021-06-23_Individual Cage Parasites

²⁹Ex. 19, 2022-12-30_N092 Tail Trauma Email

³⁰Ex. 20, 2022-08-28_31584 incident email

to his face and the left side of his lips. It seemed that this monkey had been left unattended while still recovering from sedation.³¹

- d. On June 27, 2022, while in Processing, the tail of a long-tailed macaque identified as UG1695 was severed after the squeeze mechanism on the cage was forcefully pulled with the tail hanging through the holes in the floor grate of the cage.^{32,33,34,35}
- e. On June 20, 2022, a monkey identified as G503 died after being sedated during Processing. After the monkey was sedated, they were noted to have a depressed heart rate and respiration rate. The insider stated that Processing often over-sedated by monkeys to keep them from waking up from sedation during the assembly line of procedures—and slowing down processing time.³⁶
- f. On June 20, 2022, a monkey suffered a fracture to the humerus after being captured by an AGI staffer. The monkey escaped from their cage and was caught in a net by a staffer who slammed the monkey to the ground and then stepped on or kicked him. The bone had to be repaired with a pin and orthopedic stainless steel wire.^{37,38,39}
- g. On November 15, 2021, a juvenile monkey identified as N993 was removed from their colony. The stress caused by this removal resulted in some monkeys becoming aggressive and biting other monkeys. Multiple monkeys sustained injuries. A clinic veterinarian wrote: “The staff supervising catching should be able to see when it is high stress for the animals [and] they should be able to step back and reevaluate their approach. 14+ animals don’t get injured right away, and if they can’t stop and evaluate the situation, that is a problem. Even in years past, when there is fighting in the backup, it [has] never [been] this many injuries. My recommendations would include discussing with those involved what went wrong and what they could have done better. They need to be retrained on appropriate catching and recognizing when animals are getting too stressed.”⁴⁰
- h. On March 19, 2021, a monkey had recurring digit trauma and then had their tail amputated after it was fractured by improper handling of the squeeze cage.⁴¹
- i. On February 17, 2021, a monkey’s tail was pulled off during Processing capture. It took two months to heal, and there was concern the group would reject her. The employee responsible for this injury had previously been fired for inflicting a traumatic fracture to a monkey’s spine (this earlier incident occurred on 12/16/19 to a monkey identified as MF4013M). The insider observed: “Employees would be fired for something egregious then months later, HR would hire them back at what they stated was “a discount” but there would be no retraining or additional supervision involved.” Both Processing and Animal Care would capture monkeys forcefully by the tail. This protocol was also

³¹Ex. 21, 2022-07-18_S751 Processing not monitoring recovery

³²Ex. 22, 2022-06-27_UG1695 Tail Fracture

³³Ex. 22, 2022-06-27_Tail Injury Pic 1

³⁴Ex. 22, 2022-06-27_Tail Injury Pic 2

³⁵Ex. 22, 2022-06-27_Tail Injury Pic 3

³⁶Ex. 23, 2022-06-20_G503 Processing Oversedation

³⁷Ex. 24, 2022-06-20_16C085 Incident Report – Fracture

³⁸Ex. 24, 2022-06-20_16C085 Rad 1

³⁹Ex. 24, 2022-06-20_16C085 Rad 2

⁴⁰Ex. 25, 2021-11-15_COR5A Processing Event

⁴¹Ex. 26, 2021-03-19_G473 Record

indicative of the facility's failure to provide formal and appropriate training in capturing or handling monkeys.^{42,43}

III. Failure to provide safe housing for nonhuman primates

Section 3.80 of the AWRs states that: "Primary enclosures for nonhuman primates must ... be kept in good repair ...; protect nonhuman primates from injury; [and contain] the nonhuman primates securely and prevent accidental opening of the enclosure, including by the animal."

However, the AGI insider reported multiple incidents in which monkeys were harmed because the company failed to provide safe housing for them and numerous incidents in which monkeys were able to escape from their enclosures. When such escapes allowed highly stressed monkeys to access one another, the resulting altercations caused traumatic injuries, including lacerations, bite wounds, and injuries necessitating sutures or amputations.

A. Failure to contain monkeys securely

- i. On August 14, 2022, a group of eight monkeys—five juveniles and three infants—escaped from Building HB08 of HPC through a hole in the fencing. The incident occurred over a weekend; the infants were recaptured on Saturday, and two of the juveniles were caught on Sunday. To the insider's understanding, three juveniles were not recaptured.⁴⁴
- ii. On July 22, 2022, AGI employees discussed issues with the hotwire on top of the fences surrounding corrals. The corrals were made of tin sheet walls, and a hotwire was strung around the top to deter monkeys from climbing over. However, a group of juveniles soon learned that the electric shock was delivered quickly, and they could still escape. A clinical veterinarian wrote to the maintenance manager: "Can you have someone turn up the voltage of the hotwire and grease the corners of the corral and the wall where the observation tower is? For the past two days, when the vet techs go in for pulls, the juveniles are able to flee the corral and touch the hotwire without it being strong enough to be deterred. The hotwire is on, but it is not doing what it needs to."⁴⁵
- iii. On July 13, 2022, a monkey identified as R768 was observed to have slightly sunken eyes and a rough coat. The monkey was pulled from enclosure 10FGH, although she was normally held in 10IJ. A veterinarian commented that R768 was a "chronic escapee."⁴⁶
- iv. On March 23, 2022, a monkey identified as 090385 escaped their cage via an unsecured cage pan and entered the animal room. The monkey climbed into another open cage and the doors of that enclosure were secured.⁴⁷
- v. On February 4, 2022, in Corral 5B, a young monkey was on top of the fence perimeter. Employees were unsuccessful at trying to run the monkey back into the compound. They darted him but used excessive ketamine and at too close

⁴²Ex. 27, 2021-04-07_062450 Tail Deglove Update

⁴³Ex. 27, 2019-12-16_MF4013M Spinal Trauma, Death

⁴⁴Ex. 28, 2022-08-14_Weekend Update

⁴⁵Ex. 29, 2022-07-22_Hotwire

⁴⁶Ex. 30, 2022-07-13, R768 in Wrong Enclosure Email

⁴⁷Ex. 31, 2022-03-23, Animal Escape Incident Form

range. The dart hit the monkey's upper right arm and shattered. Employees discussed the possibility of amputating the monkey's arm. The insider does not know what the final outcome was for this monkey.^{48,49}

- vi. During an email exchange on March 10–11, 2021, employees discussed two juvenile monkeys who managed to squeeze through the fence, raising concerns about a potential escape.⁵⁰

B. Failure to ensure safe housing for monkeys

- i. On August 7, 2022, at HPC, a monkey identified as R242 was locked in the backup, alone and away from their group, with no access to food or water. The monkey was dehydrated and hypothermic and also had diarrhea. The monkey did not recover and was euthanized.^{51,52}
- ii. On July 28, 2022, a female monkey held in a corral and identified as G17W was noted to be moving slowly. The monkey's tongue was severed, and she had blood on her face. It appeared she had placed her tongue through a gap between PVC pipes where it became caught in chain links behind the pipes. The pipes and chain were part of an "enrichment tower." The monkey lost approximately 75% of her tongue. She was euthanized the next day due to severe blood loss and dehydration from being unable to drink.^{53,54}
- iii. On June 14, 2022, a monkey identified as #1605666 from 14B11-1 had two-thirds of her tongue ripped off. A clinical veterinarian wrote: "Tongue was removed from body by force. Suspect caught in cage due to blood pooling and splattering near door. Rostral 2/3 tongue gone, stump sutured closed."^{55,56}
- iv. On January 26, 2022, a monkey got his right hand stuck in the bottom of his cage; the cage had to be cut to free him. The monkey's hand was swollen, bruised, and skinned in parts where he was trying to slide out his hand."⁵⁷

C. Altercations resulting from monkeys accessing one another

- i. On September 18, 2022, two male monkeys could access one another after workers failed to properly latch a floor pan tray. The ensuing altercation resulted in multiple lacerations, including deep lacerations with muscle involvement on both shoulders of one of the monkeys.^{58,59}
- ii. On August 28, 2022, two male monkeys could access a monkey identified as 31584 in the cage below theirs. Two of the monkeys sustained injuries, including multiple lacerations to the arms, cheek, shoulder, chest, and foot.⁶⁰

⁴⁸Ex. 32, 2022-02-04_P379 Dart Incident

⁴⁹Ex. 32, 2022-02-04_P379 Record

⁵⁰Ex. 33, 2021-03-10_Small Monkeys Able to Escape FC25 Email_

⁵¹Ex. 34, 2022-08-07_R242 Locked in Backup, Died

⁵²Ex. 34, 2022-08-07_R242 Histopathology Report

⁵³Ex. 35, 2022-07-28_Incident Report G17W_Tongue Injury

⁵⁴Ex. 35, 2022-07-28_Tongue Incident

⁵⁵Ex. 36, 2022-06-17_1605666 Tongue Injury

⁵⁶Ex. 36, 2022-06-14_1605666 Multiple Cage Traumas

⁵⁷Ex. 37, 2022-01-26_17-032 Hand Stuck

⁵⁸Ex. 38, 2022-09-18_17c234 Incident

⁵⁹Ex. 38, 2022-09-18_17c234 Record

⁶⁰Ex. 39, 2022-08-28_31584 Record

- iii. On August 24, 2022, in Building 7B of YPC, the divider between two cages (07B35 and 07B36) failed, allowing two males to access one another. The insider observed that in the past month, AGI had four divider or cage pan failures, three of which resulted in traumatic injuries. One was fatal.⁶¹
- iv. On August 8, 2022, a male monkey in Building 25F suffered trauma—with “right side lower lip lacerated & partially degloved from mandible, LH D3 [left hand, digit 3] degloved, & left palm lateral laceration”—after a previously repaired escape route failed and two groups had access to each other. The lip and palm were sutured, and the digit was amputated.^{62,63,64,65,66}
- v. On July 29, 2022, a monkey could enter a neighbor’s cage due to an unsecured cage pan. Both monkeys suffered lacerations to their bodies—some relatively superficial, others requiring surgical intervention. The colony manager wrote in an email: “We have had another spike in [nonhuman primates] breaking containment within their caging units and either gaining access to another animal holding area or outside of the cage (this has happened in multiple buildings). We need to see what other types of locking mechanisms/clips can be used to help mitigate some of these issues. A good option brought up in the last [Institutional Animal Care and Use Committee] meeting would involve bolting closed any areas of cages that are not needed for technical purposes. This procedure will take some time to accomplish, and it still does not solve some of our cage pan and divider problems. We are still working on transitioning out some of our older cage units, but this will take some time and some of our new caging is currently being held for the new buildings opening momentarily.” According to the insider, broken cages continued to be used, and when employees asked about the broken cages, they were told that replacing them would be too expensive. To the insider’s knowledge, this issue has still not been remedied.^{67,68,69}
- vi. On July 27, 2022, a monkey in Building 18B was severely injured when a cage pan/flooring assembly was improperly secured, leading to an altercation with a monkey in a neighboring cage. When discovered, the monkey was down and had lost significant blood, with numerous small lacerations to his back and two large lacerations on his right arm. Following initial treatment, the monkey continued to be weak, and his pain could not be addressed, so he was euthanized.^{70,71,72}
- vii. On March 22, 2022, two large monkeys in the clinic building could access one another due to an unsecured cage pan. One of the monkeys, identified as G449, sustained a three-inch laceration on the right hip, a four-inch laceration

⁶¹Ex. 40, 2022-08-24_Divider Issue 7B

⁶²Ex. 41, 2022-08-08_041167 Incident

⁶³Ex. 41, 2022-08-08_041167 Record

⁶⁴Ex. 41, 2022-08-08_Cage Incident Photo 1

⁶⁵Ex. 41, 2022-08-08_Cage Incident Photo 2

⁶⁶Ex. 41, 2022-08-08_Cage Incident Photo 3

⁶⁷Ex. 42, 2022-07-29_Request for Number of Cage Escapes

⁶⁸Ex. 42, 2022-07-29_Cage Issues

⁶⁹Ex. 42, 2022-07-29_Cage Repairs

⁷⁰Ex. 43, 2022-07-27_DJ61_Cage Incident Written Report

⁷¹Ex. 43, 2022-07-27_DJ61_Cage Incident Report

⁷²Ex. 43, 2022-07-27_Necropsy Report

- on the right thigh, two one-inch lacerations on the right armpit, and two two-inch lacerations on the left forearm.^{73,74}
- viii. On January 21, 2022, a monkey was found to be missing approximately half of their tongue just behind the frenulum attachment. There was significant swelling of the remaining tongue, which was sutured. It was believed that this injury occurred when a monkey in a neighboring cage was able to access the monkey through holes in the cage divider.^{75,76}
 - ix. On November 24, 2021, a male monkey identified as 6569073951M from Cage 14B44 was caged with two females in Cage 14B41/42, although he was not supposed to be caged with them. The male was acting aggressively toward the females. No one admitted to placing the male with the females, so it appears the cage pans were not properly secured.⁷⁷
 - x. On November 16, 2021, two male monkeys were paired together even though a sign on the cage stated clearly they should not be cohoused. One of the monkeys—identified as #1607119—sustained a deep laceration on his upper left arm.^{78,79}
 - xi. On November 11, 2021, a young female monkey, identified as P379, was found with severe crush trauma on both arms and face. Her home location was corral 5B, yet she was pulled from 4A. The monkey may have squeezed through a fenced viewing window and entered the wrong corral.⁸⁰
 - xii. On November 3, 2021, two male rhesus macaques in Building 11A, identified as DFVZ and DFTB, could access each other after the floor pan and floor divider separating their cages were not secured. The monkeys' altercation resulted in injuries to both. One of the brass locks that prevented the floor pan from sliding was missing. The Processing Manager noticed this but didn't say anything because maintenance and colony managers had approved her use of the cage. There were no suitable backup cages, and more secure and up-to-date cages needed to be purchased for the number of animals coming into and being moved around the AGI YPC campus.^{81,82,83}

IV. Failure to ensure that personnel conducting procedures are qualified to perform their duties

Section 2.32 (a) of the AWRs states that: “It shall be the responsibility of the research facility to ensure that all scientists, research technicians, animal technicians, and other personnel involved in animal care, treatment, and use are qualified to perform their duties.” And §2.32(c) specifies that “[t]raining and instruction of personnel must include guidance in ... [h]umane methods of animal maintenance and experimentation including: ... (i) The basic needs of each species of

⁷³Ex. 44, 2022-03-22_30B Incident Report

⁷⁴Ex. 44, 2022-03-22_G449 Record

⁷⁵Ex. 45, 2022-01-21_G168 Tongue Injury

⁷⁶Ex. 45, 2022-01-21_G168 Record

⁷⁷Ex. 46, 2021-11-24_73951M Cage Incident

⁷⁸Ex. 47, 2021-11-16_1607119_Cage Incident, Improper Pairing

⁷⁹Ex. 47, 2021-11-16_1607119 Record

⁸⁰Ex. 48, 2021-11-11_P379 Trauma

⁸¹Ex. 49, 2021-11-03_Incident DFTB DFVZ

⁸²Ex. 49, 2021-11-03_DFVZ Record

⁸³Ex. 49, 2021-11-03_DFTB Record

animal [and] (ii) proper handling and care for the various species of animals used by the facility.”

However, the AGI insider reported that AGI failed to ensure adequate staffing to care for the thousands of monkeys in its facilities and failed to offer training to the staffers who worked at the facility. In a September 5, 2022, e-mail to the Attending Veterinarian, a clinic veterinarian wrote: “At this point, the veterinary staff at HPC cannot properly handle the current amount of cases in the clinic, much less the additional stress of groups breaking down resulting in 5-8 emergency pulls on top of the normal sick animals that need to be checked. I’m not sure what the best immediate relief is, but there must be some sort of pause at this point to allow the staff to get properly trained to be able to handle the patients we already have. I know YPC is still overwhelmed with the overload of Outpatients which makes moving staff around to help cover nearly impossible.”

- a. On March 31, 2023, a monkey identified as N238 was found in the wrong location at HPC. An assessment of the situation determined that the vet techs returned the monkey to the wrong group.⁸⁴
- b. On October 21, 2022, a monkey at HPC identified as DL9F was observed to have necrosis due to wounds not observed by the veterinary technicians. The wounds were between three to six days old. The notes specified a “right side dorsal large necrotic wound down to thoracic muscles [and a] slightly smaller wound on the [ventral side], but also with muscle involvement. Very strong anaerobic odor.”^{85,86,87,88,89}
- c. On August 22, 2022, a monkey at HPC identified as K773 was observed to have blood on her face, and her tongue appeared to be “ripped off and hanging.” The monkey was taken with her infant to the clinic. An investigation of the monkey’s cage found no blood in the neighboring cage (which held K773’s sister), and the cage appeared to be safe and intact without any problems that could have produced the trauma. It was gleaned that the injury must have been sustained before the monkey was moved to the current cage, seven days prior. However, workers failed to note the tongue injury in the observation sheet for the monkey.^{90,91}
- d. On August 21, 2022, a monkey in ARC06B at HPC was noted to be lame, but records for this monkey were missing observation notes for several days. The same day, a singly caged monkey identified as P404 at HPC was observed to have bloody diarrhea and dehydration. However, the veterinary technician didn’t pull the monkey for treatment. When confronted about this failure, the technician said she wasn’t sure who to call about the issue, so she left matters as they were. The insider faulted AGI for expecting inexperienced and untrained staff to perform without supervision.⁹²

Several incidents described in Section I also indicate that AGI failed to ensure that personnel are qualified to perform their duties.

⁸⁴Ex. 50, 2023-03-31_HPC N238 Wrong Group

⁸⁵Ex. 51, 2022-10-21_DL9F_Email Necrotic Wound

⁸⁶Ex. 51, 2022-10-21_DL9F_Medical Case Record

⁸⁷Ex. 51, 2022-10-21 Photo of Necrotic Wound 1

⁸⁸Ex. 51, 2022-10-21: Photo of Necrotic Wound 2

⁸⁹Ex. 51, 2022-10-21: Photo of Necrotic Wound 3

⁹⁰Ex. 52, 2022-08-22_HPC_K773_Email Report of Tongue Injury

⁹¹Ex. 52, 2022-08-22_K773 Record

⁹²Ex. 53, 2022-08-21_HPC Vet Tech Issues

V. Failure to provide adequate environmental enhancement to promote the psychological well-being of nonhuman primates

Section 3.81 of the AWRs mandates that: “research facilities must develop, document, and follow an appropriate plan for environment enhancement adequate to promote the psychological well-being of nonhuman primates.”

However, the AGI insider reports that the company neglected the psychological well-being of the monkeys held at its facilities.

- a. On December 7, 2022, a behaviorist working at AGI complained that AGI sales agents at YPC and HPC would decide to move a monkey without consulting the behavior team for input on compatibility concerns. Several staffers opined that this lack of concern for monkey compatibility may significantly contribute to the unstable groups at AGI.^{93,94}
- b. On July 5, 2022, a monkey who had been transferred to AGI from the Food and Drug Administration (FDA) exhibited self-injurious behaviors. The FDA staff had sent information on the monkey’s extreme psychological distress and self-injurious behaviors, but the purchasing agent or the attending veterinarian had not related this information to the veterinary or behavior staff. The monkey was left in a cage without measures to address concerns regarding the animal’s psychological well-being.⁹⁵

VI. Failure to provide food or water to animals

Section 3.82(a) of the AWRs requires facilities to provide food to nonhuman primates that is “clean, wholesome, and palatable to the animals” and “of sufficient quantity and have sufficient nutritive value to maintain a healthful condition and weight range of the animal and to meet [their] normal daily nutritional requirements.” Section 3.82(b) stipulates that nonhuman primates “must be fed at least once each day” and that “[i]nfant and juvenile nonhuman primates must be fed as often as necessary in accordance with generally accepted professional and husbandry practices and nutritional standards, based upon the animals’ age and condition.” Additionally, Section 3.83 of the AWRs states: “Potable water must be provided in sufficient quantity to every nonhuman primate housed at the facility.”

However, the AGI insider reports that the company frequently failed to ensure the provision of food and water to monkeys held in its facilities.

- a. On July 19, 2023, moldy food was observed in cage 14AB01-3.⁹⁶
- b. On August 18, 2022, a clinical veterinarian reported significant weight loss in four monkeys and a low body condition score. Two monkeys had moldy food in their cages, and one had no food. Specifically:
 - Monkey FR2515 in 07B06: 18% weight loss, BCS 1.5/5, moldy food in cage
 - Monkey UG2905 in 07B26: 16% weight loss, BCS 2/5
 - Monkey NR808 in 07B41: 21% weight loss, BCS 1.5/5, moldy food in cage

⁹³Ex. 54, 2022-12-07_HPC_Email_Monkeys Moved Without Input From Behaviorist

⁹⁴Ex. 54, 2022-12-07_HPC_Memo_Consult Behaviorist When Moving Monkeys

⁹⁵Ex. 55, 2022-07-05_FDA Self-Injurious Behavior In Monkey

⁹⁶Ex. 56, 2023-07-19: Photo of Moldy Food in Cage

- Monkey UG3034 in 07B47: 18% weight loss, BCS 1.5/5, no food in cage
An employee wrote: “Assistant colony manager mentioned it in an email from this morning, but people aren’t doing their jobs in Building 7. A vast majority of cages had minimal or no food whatsoever. It is not a coincidence that the thinnest monkeys had moldy feed/no food at all in their cages.”⁹⁷
- c. On August 13, 2022, monkeys in Building 24 were not fed.⁹⁸
- d. On August 8, 2022, a veterinary technician noticed there was no food and no feces for 24 hours in Cage 07A54, which housed a monkey identified as UG2947. Lab work corroborated the employee’s concern, indicating the monkey may not have been fed for several days.⁹⁹
- e. On August 3, 2022, monkeys in Building 21 did not have access to water for an extended period of time. At 8:15 am that morning, the maintenance division had turned off the water to YPC to repair a section of plumbing. At approximately 11 am, the maintenance division reported that water had been turned back on to the entire facility. However, at 1:15 pm, an employee in Building 21 observed several monkeys attempting to drink from lixits, but no water was coming out. The employee tested a few lixits and saw they were dry. The temperatures exceeded 100°F and felt like 106°F, factoring in humidity. The Colony Supervisor and Maintenance Supervisor were notified of the situation via email.^{100,101}
- f. On July 30, 2022, an employee reported that in Building 16, Bays D, E, F, G, L, M, N, and O, monkeys were not being fed and their cages were not being washed in accordance with the facility’s SOP, writing: “There are several NHPs on weight gain treatment in this building. These are problems observed all week long, however, especially worse on Fridays and Saturdays.”¹⁰²
- g. On June 15, 2022, monkeys in Building 2C did not have access to water for an extended period of time.¹⁰³

VII. Other Husbandry Concerns

The AGI insider reported additional incidents where lapses in the company’s husbandry practices resulted in harm to the animals.

- a. On July 19, 2023, high ammonia levels in buildings housing monkeys were flagged. The issue stemmed from staff being instructed to turn off exhaust fans to maintain building temperatures. However, staff reported coughing and a burning sensation in their eyes from the high ammonia levels. To address this, AGI instructed staff to use exhaust fans while working in the buildings but to turn them off when they left.¹⁰⁴
- b. On December 24, 2022, the heating systems for both YPC and HPC failed and water sources froze. At YPC, the temperature in Building 23 dropped to 31°F and was 35°F when a monkey (identification number MF39148F) was found dead from hypothermia. Heating and water issues continued through December 25, 2022—and in Building 21H,

⁹⁷Ex. 57, 2022-08-18_Feeding Issues

⁹⁸Ex. 58, 2022-08-13_Bldg 24_Feeding Incident

⁹⁹Ex. 59, 2022-08-08_UG2947 Not Fed

¹⁰⁰Ex. 60, 2022-08-03_Bldg 21_No Water

¹⁰¹Ex. 61, 2022-08-04_Bldg 21_Water Issue

¹⁰²Ex. 62, 2022-07-30_Animal Potential Incident Form

¹⁰³Ex. 63, 2022-06-15_Bldg 2C_Water Incident

¹⁰⁴Ex. 64, 2023-07-19_Exhaust Fan Email

another monkey (identification number 22529) was found dead from hypothermia. Although the submitted necropsy reports indicated hypothermia, this was not included in the official reports.^{105,106,107,108,109}

- c. On August 10, 2022, a mother monkey and her infant, held in Cage S796, became soaked during cage cleaning. The infant became hypothermic and unresponsive. Eventually, a veterinary technician could revive the infant by drying and warming the animal.¹¹⁰
- d. On August 3, 2022, in Building 24, a water flex line to a “4-pack” housing four monkeys (Bay G, cages 1 – 4) became punctured, saturating all four monkeys. The incident was reported at 1 pm that day, but at 6 am on August 4—17 hours after the incident was first reported—the flex line was still spraying water into the cages. Multiple monkeys shivered from being sprayed with water for more than 17 hours. The cage pans in the upper cages overflowed with water that spilled into the lower cages.¹¹¹
- e. On January 21, 2021, a veterinarian raised concerns about “issues with temperature control” in Clinic 20B. The veterinarian wrote: “During morning observations it was noted the clinic temperature to be at 65 F (this was with the exhaust fan completely off). When looking back at previous days it appears that about 9 days the temperature dropped below 60 F ... My concern is that when in clinic, many of these animals have comorbidities leading to secondary medical issues such as hypothermia, which can ultimately lead to them perishing. In the past we have found deceased animals in this location due to low temperatures.”¹¹²

This is not a comprehensive listing of problematic incidents at AGI; rather, it is intended to illustrate the pain, psychological anguish, and misery suffered by monkeys at AGI and the failure of this institution to do the utter minimum for animals imprisoned in its facilities.

I can be reached at 757-803-6447 or AlkaC@peta.org. Thank you for your time and consideration.

Sincerely,



Alka Chandna, Ph.D.
Vice President
Laboratory Oversight and Special Cases

¹⁰⁵Ex. 65, 2023-12-24_MF39148F Submitted Necropsy

¹⁰⁶Ex. 65, 2023-12-24_MF39148F Official Necropsy

¹⁰⁷Ex. 66, 2023-12-25_22529 Submitted Necropsy

¹⁰⁸Ex. 66, 2023-12-25_22529 Official Necropsy

¹⁰⁹Ex. 67, 2023-12-26_Weekend Update

¹¹⁰Ex. 68, 2022-08-10_S796 Incident Email

¹¹¹Ex. 69, 2022-08-03_Bldg 24_Broken Flex Line

¹¹²Ex. 70, 2021-01-21_Clinic 30B Temperature Recordings Email

Exhibit 1

Alpha Genesis, Inc.

Non-Human Primate Necropsy Report

Rev 03/2010 12/30/2022 9:51:17 AM

ID Number:

Sex: Male Home Location: HPC02

Birthdate: 11/15/2021 Dam: DV02

Delivered By: Project: 09270c

Weight (kg): NW Weight Date:

Circumstances: Found deceased in home location backup with Left arm stuck at the top of the chain link fencing in front of the heater. NHP was found at 930AM, the group had been processed the previous day, and last checked in the afternoon, NHP was not stuck at that time.

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	12/29/2022	22H- 104	12/30/2022	2.03

Skin: Left arm edematous with bruising present from shoulder to palm. Bruising also present on the right side of face.

Eyes: Normal

Peritoneal Cavity: Normal

GI Tract/Mesenteric Nodes: Normal. Stomach and duodenum contained only mucous content; remainder of the SI contained normal appearing ingesta & Colon had normal stool present. Tissues all normal in appearance.

Kidneys: Kidneys bilaterally 5.5 Gms with dark red coloration of medullary & cortex.

Adrenals: Normal

Spleen: Normal

Pancreas: Normal

Liver: Normal

Gallbladder: Normal.

Urinary Bladder: Normal

Uterus/Gonads: Normal

Pleural Cavity: Normal

Thymus: Normal

Upper Respiratory: Normal

Lungs/Hilar Nodes: Normal

Thyroid: Not Examined

Heart/Major Vessels: Thickened appearance to the left ventricular muscle, O/I: 6

Musculoskeletal: BCS 3/5

Summary/Dx: Dehydration secondary to entrapment; underlying Hypertrophic Cardiomyopathy.

Notes:

Prosector Name:

Exhibit 2

Incident in COR11B

drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Wed 7/20/2022 8:07 AM

To: dreric@alphagenesisinc.com <drreric@alphagenesisinc.com>

Cc: Ryan Mistretta <ryan@alphagenesisinc.com>; melissa@alphagenesisinc.com <melissa@alphagenesisinc.com>

This monkey was found dead this morning with his finger stuck to a hole in the PVC in the tower. I called maintenance and showed them where the hole was where a screw came off so they can fix it right away.

qryMasterSort							
ID Number	Sex	Birthdate	Current Location	Species	Weight (kg)	Weight Date	Client
N915	Male	4/23/2020	COR11B	mulatta	3.77	4/28/2022	

We need to have both [redacted] and vet techs be on the lookout for abnormal behavior that could indicate that an animal is stuck somewhere and can't get free. Please have a training session as soon as possible (**today or tomorrow**) with your techs to explain the importance of catching any animals that could be stuck and can't get to water especially during these hot summer days. Not to take away that this can happen at any time of the year but the effects can be detrimental much quicker in hot weather. Please have a signed training log and put a copy in my box.

During your training please emphasize to AC techs as they go in the corral to feed and rake, to take a look at all animals and see that they are all moving around. Vet techs need to also look at all animals in the corral and if they are laying down, try to make them move by throwing forage or eliciting some type of movement.

If anyone sees anything that could be a potential threat to the animals in any enclosure, please contact maintenance as always so they can fix the issue as soon as possible.

We all need to cooperate and work as a team to ensure the safety of all animals. I appreciate your cooperation with this matter.

Lynette Gierbolini, DVM

AGI Attending Veterinarian

866.789.MONK (6665)
843-589-5190 (office) ext. 12
843-589-5290 (fax)
www.AlphaGenesisInc.com



This message contains confidential information. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute this information. If you have received this message in error, please advise < **Lynette Gierbolini** > immediately at the telephone listed above.

NECROPSY REPORT

Alpha Genesis, Inc.
 Non-Human Primate Necropsy Report
 98-CF492 02/98 7/14/2023 2:23:13 PM

ID Number: N915 Post Mortem #: 22-170
 Delivered By: EG Death Date: 7/20/2022

Project 01001 Sex: Male Species: mulatta Birthdate: 4/23/2020 Necropsy Date/Time: 7/20/2022
 Dam: DL29 Home Location: COR11B Death Location COR11B Weight: 3.30 Necropsy Weight: 3.30
 Circumstances: Found Origin: USA-AGI
 dead in
 home
 location

Historic Clinical Signs:

Antibiotic administration in the last 48 hrs?

FINDINGS ("N" FOR NORMAL, "ABN" FOR ABNORMAL AND "NE" FOR NOT EXAMINED)

Skin: ABN	Eyes: ABN	Peritoneal Cavity: N	GI Tract/Mesenteric Nodes: ABN
Kidneys: ABN	Adrenals: N	Spleen: N	Pancreas: N
Liver: N	Gallbladder: N	Urinary Bladder: N	Uterus/Gonads: N
Pleural Cavity: N	Thymus: N	Upper Respiratory: N	Lungs/Hilar Nodes: N
Thyroid: N	Heart/Major Vessels: N		

COMMENTS ON FINDINGS AND MISCELLANEOUS OBSERVATIONS

BCS: 2.5/5. Skin: Left hand D2-wound around P3. Dark red and greenish areas of discoloration present all over body. Eyes: Sunken eye appearance. Peritoneal Cavity: Normal. Adrenals: Normal. Spleen: Normal with black coloration of the outer tissues.

Pancreas: Normal. Liver: Normal with dark coloration of the outer edges of the lobes. Gallbladder: Normal. Urinary Bladder: Normal. Uterus/Gonads: Normal. Pleural Cavity: Normal. Thymus: Normal. Upper Respiratory: Normal.

Lungs/Hilar Nodes: Normal with some dark red areas of interstitial tissue throughout the lobes, airways clear. Thyroid: Not examined. Heart/Major Vessel: Normal. GI Tract/Mesenteric Nodes: Generalized gas distention with dark red and black serosal areas. Stomach contained food ingesta, descending colon and rectum were empty, with normal stool in the ascending colon. Kidneys: Bilaterally very soft with dark red coloration of the medulla, grey coloration of the cortex and black coloration of the capsule and outer cortex.

LABORATORY**Urinalysis (Lab-Stix):****Culture/Gram Stain:****Serology:****Chemistry:****Hematology:****Tissue:**

Summary/Dx: Unable to determine, some autolysis present, pending histopathology.

Prosector Name: [REDACTED]

Sent To:

Exhibit 3

Re: Weekend Update

drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Sun 5/8/2022 7:39 PM

To: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>

Gauze can definitely not be used to hold lixit bottles nor any other material that can be hazardous to the animals.

Get [Outlook for iOS](#)

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>

Sent: Sunday, May 8, 2022 1:32:22 PM

To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Subject: Weekend Update

Hey Docs

Hope you are all having a good mothers day weekend

HPC

Saturday

no pulls

Sunday

1 pull CC9E from HB10 right hand degloving got meloxicam, buprenorphine and Peng. Will get bandages and meloxicam and clavamox treatments.

1 abortion from HB03BU

YPC

Saturday

2 pulls from 10J said there is a new male out there so they were done as same days.

We will have to talk to behavior on Monday.

1504804 and 1507264 were sutured and treated with meloxicam SR and exceeded

1 pull from FC1B 062699 3rd trauma in 6 months on meloxicam and clavamox. We should review the case with behavior before sending back.

Sounded like a single male hit this time and I believe this group has an excess of males.

DFBX 14AB10 chronic SIB guy has a new injury. He is on meloxicam and clavamox. My guess is something stressful happened but if he keeps it up we will have to adjust his medications

Cage 11A14-04 ID 12-120 is a new SIB NHP laceration on right inner thigh but when the techs got him out they noticed more superficial bruising and scratches on the thighs and knees and that there was nothing sharp in the cage.

Started Meloxicam, Clavamox, Gabapentin and fluoxetine.

Initially I was not going to have them start the fluoxetine but when they told me about the other scratches it seemed like we shouldn't give him more time to do damage as he is escalating.

INCIDENT: We had an incident in clinic 26 where the juvenile R752 in 26-36 strangled themselves to death with a piece of stretch gauze that had been used to secure a Pedialyte bottle.

It was one of those new white Pedialyte bottles that don't fit in our holders and the metal hooks don't fit well on so they had been being tied or taped to cages when we were out of the normal bottles.

We recently got a few of those spring clips for the capuchin clinic to hold the bottles on.

My recommendation would be we make it official to only use the holder, metal hooks, or spring clips, for the pedialyte bottles. Also if none of those work on the white bottle we should get rid of them in favor of the ones we had been getting.

I will be submitting an incident report. The Vet techs are pretty traumatized, currently they are only securing pedalytes with the metal hooks.

Sunday

I had the NHP from 11B05-02 transferred to 30A. He had taken his bandage off and [REDACTED] sent me a photo of his hand. It looks like it will need serious debridement and possible an amputation. Lab was notified and they said he was off study currently.

Have a good rest of your afternoon

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

866.789.MONK (6665)

843-589-5190

843-589-5290 (fax)

www.AlphaGenesisInc.com



Exhibit 4

Alpha Genesis, Inc.

Non-Human Primate Necropsy Report

Rev 03/2010 3/17/2022 11:46:20 AM

ID Number:

Sex: Female Home Location: FC17B

Birthdate: 4/6/2021 Dam: G52G

Weight (kg): 1.25 Weight Date: 2/17/2022

Delivered By:

Circumstances:

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	<input type="text" value="3/16/2022"/>	<input type="text" value="22-072"/>	<input type="text" value="3/17/2022"/>	<input type="text" value="1.37"/>

Skin:

Eyes:

Peritoneal Cavity:

GI Tract/Mesenteric Nodes:

Kidneys:

Adrenals:

Spleen:

Pancreas:

Liver:

Gallbladder:

Urinary Bladder:

Uterus/Gonads:

Pleural Cavity:

Thymus:

Upper Respiratory:

Lungs/Hilar Nodes:

Thyroid:

Heart/Major Vessels:

Musculoskeletal:

Summary/Dx:

Notes:

Prosector Name:

Exhibit 5

Alpha Genesis, Inc.

Non-Human Primate Necropsy Report

Rev 03/2010 2/23/2022 2:00:23 PM

ID Number: 6C161K

Sex: Male Home Location: 04F06

Birthdate: 7/18/2006 Dam: 17Y

Delivered By: GW

Weight (kg): 14.80 Weight Date: 2/16/2022

Circumstances: After pressure washing was found deceased in transfer box. Morbidly obese, unable to get accurate weight due to not fitting on scale.

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	2/23/2022	22-051	2/23/2022	13.4

Skin: Dark hyperkeratinized areas on right side from recurring yeast infections

Eyes: Normal

Peritoneal Cavity: Normal

GI Tract/Mesenteric Nodes: Normal

Kidneys: Left kidney dark coloration of the medulla, Right kidney not examined (Harvest)

Adrenals: Normal

Spleen: Not examined (Harvest)

Pancreas: Normal

Liver: Generalized enlargement with rounded edges of lobes, light coloration throughout

Gallbladder: Normal

Urinary Bladder: Normal

Uterus/Gonads: Normal

Pleural Cavity: Normal

Thymus: Normal

Upper Respiratory: Normal

Lungs/Hilar Nodes: Generalized light pink foamy appearance with red colored foam in the airways

Thyroid: Normal

Heart/Major Vessels: Left ventricular wall hypertrophy (LVFW 16mm; IVS 15 mm; RVFW 1 mm)

Musculoskeletal: BCS 5/5

Summary/Dx: Pulmonary edema secondary to hypertrophic cardiomyopathy, suspected amyloidosis of liver and kidney.

Notes:

Prosector Name: [Redacted]

Exhibit 6

Alpha Genesis, Inc.

Non-Human Primate Necropsy Report

Rev 03/2010 8/18/2021 2:08:46 PM

ID Number:

Sex: Female Home Location: 27GHI00

Birthdate: 5/18/2021 Dam: G67N

Delivered By:

Weight (kg): NW Weight Date:

Circumstances:

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	8/18/2021	21-152	8/18/2021	0.720

Skin:

Eyes:

Peritoneal Cavity:

GI Tract/Mesenteric Nodes:

Kidneys:

Adrenals:

Spleen:

Pancreas:

Liver:

Gallbladder:

Urinary Bladder:

Uterus/Gonads:

Pleural Cavity:

Thymus:

Upper Respiratory:

Lungs/Hilar Nodes:

Thyroid:

Heart/Major Vessels:

Musculoskeletal:

Summary/Dx:

Notes:

Prosector Name:

Exhibit 7

From: dreric alphagenesisinc.com
Sent: Monday, May 17, 2021 1:23 PM
To: drgierbolini alphagenesisinc.com; Ryan Mistretta
Cc: [REDACTED]
Subject: Animal Injury Incident 5/17/20201
Attachments: R031-Necropsy Report.pdf

5-17-2021

R031
M.F.
COR05B
75000

Reported by [REDACTED]

This infant was found caught in the slide bolt of the inside door to the coral. My necropsy found that the right Tibia and fibula were fractured completely and displaced. The right knee was also dislocated. The animal was freshly dead so likely was not missed yesterday and it happened between yesterday afternoon and this morning. There was not rigor mortis.

There was a hemorrhage in the leg to that with the fracture likely led to shock and death.

The bolt was properly in place and functioning.

My suggestion would be a latch bar mechanism more like this but with loops for locking or the placement of a Brass clip when workers are inside. And a mechanism to keep it locked open when it is just the animals inside.

I suggestion a similar mechanism when Cor13 got together too. It might be superior to the slide bolts mechanisms that tend to bend and end up in the location on the juvies arms and legs.

I think some version of this would at least be superior on the inside of animal locations if it is not practical to replace all the slide bolts on campus. It would need some workshopping and input from facilities though.

The slide bolts on the inside of the animal locations do result in problems though.



Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190

Exhibit 8

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Monday, January 18, 2021 6:25 PM

To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>;

Subject: Weekend Update

Hope everyone had a good weekend.
HPC was busy. They seem to be doing a good job staying on top of pulls.
It was quite at YPC hopefully this week remains so.

Also we are out of clavamox. HPC has no amoxicillin. I am assuming they were instructed to give clindamycin because the new trauma were started on it.

Saturday

YPC no pulls

A 19 yrs old 5.5 kg female was found dead in the outside run. Necropsy was not remarkable. Incident reports have been filed.

HPC

5 pulls

L301 minor puncture same day return

L067 minor laceration same day return

FC1N minor trauma same day return

H679 tail trauma bandage, nsaid, antibiotics

M343 has a thigh wound with some necrosis. Scheduled bandages and debridement with standard tx

Sunday

YPC

No pulls

HPC

FD1X in A19- diarrhea, possible early abortion fluids and abx

K787 in E16-reopened puncture wounds, NU R arm NSAIDs abx

N684 in C08- diarrhea, dehydration

Fluids and

Two infants found dead of trauma in NEM03B. It happened after I left so sorry you will have some necropsy Tomorrow.
Behavior known

Monday

YPC 2 pulls

K043 health check to 26 thin. Getting supportive care and vet review tuesday.

G09F minor trauma will RTG tomorrow

Found dead female in FC20 18 yrs 5.5 kg. Low temp of mid 40s. AC notified. Necropsy to be done tomorrow.

HPC

6 pull

M717 to GI started Pepto and supportive care

M155 to GI started Pepto and supportive care

P543 trauma NSAIDs and clindamycin

H60M trauma NSAIDs and clindamycin

N378 trauma NSAIDs and clindamycin

H60M ? I think the last ID was a typo. But the same NSAIDs and clindamycin

Have a good week.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian YPC

866.789.MONK (6665)

843-589-5190 (office)

843-589-5290 (fax)

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{}OB{}

Exhibit 9

[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 16, 2022 7:33 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: Concern about ability to provide care

That's great news. I'm glad to hear there is already some forward movement on these items!

On Nov 15, 2022, at 1:02 PM, [REDACTED] wrote:

Thanks [REDACTED]! It is difficult to see the way out when there is so much overwhelming at once. Ryan & [REDACTED] were both here today & we had had some positive conversations about much of this. It will be helpful once we find the actual time to implement things. I am going to send [REDACTED] links for the suction stuff to at least get it here for when we are able to perform more surgeries. And Ryan is on board with us Sterilizing females we are concerned about being problems in the future, and he also has a list of ones at YPC already. So it does seem that it is something we will be able to start, once we have the staff ability.

We'll just keep pushing ahead for now. It helps that we now have a support system for this, as it was just [REDACTED] & I for the past year.

Thanks Again!

[REDACTED]

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From: [REDACTED]
Sent: Monday, November 14, 2022 5:17 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: Concern about ability to provide care

Hi [REDACTED],

Thanks so much for sharing, and I'm really sorry this happened for a number of reasons. It's hard to know if her reproductive problems this year are a result of previous complications. Certainly an animal having had a c-section would benefit from increased monitoring. I know that isn't something that AGI is set up for, but I do think that's a great recommendation for the future.

The lack of trained personnel at HPC is unacceptable. Unfortunately, things will take some time to change and for the techs to be trained properly, so there will certainly be times of frustration until that happens. While it can be really difficult to do, please take these opportunities to work with the techs and teach them even a few little nuggets of knowledge. People feel so much positivity when someone (especially someone above them) invests even just a small amount of time in them and their training.

Going into these situations knowing the techs aren't trained and won't be able to provide the support you'd like may help you be less frustrated at the time.

I know from being there that every day can feel like a mountain to climb, and it can easily become overwhelming. I do want to encourage you and others to approach this time differently than the past. We CAN make change happen. You've created change, [REDACTED] has created change, and I hope to do the same with the training program. It will require us to stay positive, focus on things we can change (which is a TON!), and put plans into action to make those changes a reality. It is a place that requires persistence, but there are a handful of people there now who recognize that big changes need to happen. Effectively communicating what the problems are AND possible solutions will help us move in the right direction and influence people (like Dr. Greg).

A few things that could come from this:

- Discuss and establish approach for animals with repeated repro issues: When do they get hysterectomies? Are they monitored for pregnancy and then throughout until labor/delivery? This should be a conversation with behavior as well. I imagine Ryan would be up for discussing this.
- I have surgery and anesthesia monitoring as a topic for training. All techs will receive this.
- If there is an argument for having suction at the HPC clinic, I recommend getting a few quotes, documenting cases in the past that would have benefitted from them and possible future cases, and requesting this be purchased. Get other vets on your team and make it a group discussion and request. Power in numbers with animal welfare being the drive behind the request.
- Work with [REDACTED] and other techs to stock the surgery suite and have it checked regularly. This should also be included in future trainings as part of the job requirement.

Does the sound reasonable and make sense? Are any of these items things that you would be willing to pursue at this point?

[REDACTED], I cannot thank you enough for all you have done and continue to do for these animals. They need you and so does the staff. I empathize with your frustrations and sadness about this, and I'm grateful you were there for this animal. I really want to harness your knowledge and passion for animal welfare and appropriate care to make big changes happen at AGI. We really can do it! Let me know your thoughts, and thank you again for being honest and reaching out.

Best,

[REDACTED]

On Nov 14, 2022, at 3:01 PM, [REDACTED] wrote:

So I had a nearly full blown meltdown (for me) today & I am wanting to know if I'm over reacting or not regarding the inability to provide minimal standard of care in these situations.

We already had an overloaded schedule and there was a "dystocia" from a pull on Sunday. I examine her & there is definitely a very large uterus with palpable abnormalities. On U/S the only thing I could make out was no movement or identifiable pulse present. The uterus is large enough & abnormal enough that surgery is needed. So now I have to stop everything and try to get into surgery. Of course we don't actually have anyone that can do anesthesia, [REDACTED] offered to help but what they all think is anesthesia here is taking down the HR & respiration, they don't actually know anything. I call Billy & he eventually sends [REDACTED] over, which was a God Send! But nothing is set up in surgery, we're having to search for stuff, no heating pad is in surgery or IV pump.

Anyway, we then finally get her intubated & in surgery, turns out she had a C-section last year. I open her up & the uterus is adhered to all surrounding organs. While trying to digitally breakdown adhesions, the uterine wall ruptures and foul mucopurulent debris comes out. I open up the uterus and there is what I can only describe as an owl pellet with the foul mucopurulent debris present. Needless to say, I euthanized the poor lady on the table.

So first I'm pissed that I don't have any adequate staff when this stuff comes up & it's such a systemic problem here at AGI, that they don't seem to understand how important it is to have someone be able to properly monitor & help with anesthesia because Dr so & so always just does it themselves. It reminds me of so many crappy general practices that are fine with substandard care.

Then I'm very upset about the condition this lady was in. She had a C-section a year ago, and obviously some sort of pregnancy was able to occur, but I don't even know what that was in her uterus and it had to have been like that a while. Not too mention the adhesions that would prevent any semblance of labor from occurring. I know weird shit can happen, but since I have no way to properly flush & suction an abdomen on previous surgeries I have done, I can't help but think this is the end result of substandard care again, and we don't track pregnancies to know how long this lady had this fetus brewing. So I feel this is another situation where substandards are accepted and we just keep doing it because it seemed like she was fine at the time, and something that could have been prevented caused a death.

Also, once I saw the C-section scar, I mentioned that I would remove the uterus this time & it was relayed from [REDACTED] to only do that if absolutely medically necessary. I know they can have pregnancies after a C-section that do not result in issues, but that seems to be rare here, and again, when we know one has had a previous issue, we do nothing to monitor more closely, so I don't know why we don't remove them more to prevent these repeated dystocias. We actually did it for a few at YPC that we were able to return to group and not have to worry about dealing with them again next season.

Anyway, I'm just feeling fed up with the inability to provide the minimum adequate care that I would be able to provide in small animal and right now it is feeling like too big a hill to climb to fix.

Sorry to fill the email up with a rant, and writing it out it doesn't sound as bad as it feels, but since you both have more experience in the lab animal realm, am I over reacting about my concerns?

Thanks!

[REDACTED]

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NECROPSY REPORT INFORMATION

Alpha Genesis, Inc.
Non-Human Primate Necropsy Report
98-CF492 02/98 7/17/2023 11:02:54 AM

ID Number: H62W Post Mortem #: 22H-091
Delivered By: [REDACTED] Death Date: 11/14/2022

Project	09270	Sex:	Female	Species:	mulatta	Birthdate:	6/17/2014	Necropsy Date/Time:	11/14/2022
Dam:	DR29	Home Location:	HPC08A	Death Location	Clinic	Weight:	6.00	Necropsy Weight:	6.00
Circumstances:	Elected humane euthanasia.	Origin:	USA-AGI						

Historic Clinical Signs: Euthanized during surgery due to severity of uterine condition.
Anitbiotic administration in the last 48 hrs?

FINDINGS ("N" FOR NORMAL, "ABN" FOR ABNORMAL AND "NE" FOR NOT EXAMINED)

Skin:	N	Eyes:	N	Peritoneal Cavity:	ABN	GI Tract/Mesenteric Nodes:	N
Kidneys:	N	Adrenals:	NE	Spleen:	N	Pancreas:	NE
Liver:	N	Gallbladder:	N	Urinary Bladder:	N	Uterus/Gonads:	ABN
Pleural Cavity:	N	Thymus:	NE	Upper Respiratory:	N	Lungs/Hilar Nodes:	N
Thyroid:	NE	Heart/Major Vessels:	N				

COMMENTS ON FINDINGS AND MISCELLANEOUS OBSERVATIONS

Skin: Normal - Abdominal ventral incision

Eyes: Normal

Peritoneal Cavity: Uterus adhered to peritoneum, intestines, bladder, kidneys

GI Tract/Mesenteric Nodes: Normal - adhesions to the uterus of cecum, large intestines, jejunum

Kidneys: Normal Spleen: Normal Liver: Normal Gallbladder: Normal Urinary Bladder: Normal - adhered to the uterus

Uterus/Gonads: Enlarged with adhesions all over, dark areas of serosa with abscesses present through the uterine wall. Contents contained bones & hair but nothing formed, partially mummified present in pieces, with mucopurulent debris present. Pleural Cavity: Normal Upper Respiratory: Normal Lungs/Hilar Nodes: Normal

LABORATORY

Urinalysis (Lab-Stix):

Culture/Gram Stain:

Serology:

Chemistry:

Hematology:

Tissue:

Summary/Dx: Euthanasia - Severe uterine infection, malformed fetus. Normal BCS: 2-2.5/5

Prosector Name: [REDACTED]

Sent To:

Exhibit 10

[REDACTED]

From: [REDACTED]
Sent: Thursday, August 18, 2022 12:28 PM
To: [REDACTED]
Subject: Vet tech inform.

I just wanted to let you guys know/ask about a few random things from today. I noticed 3 juvies from ARC05B have recently been pulled multiple times for either thin/underweight and/or DIA. Not sure if you already have group tx started there but it may be a good idea to look into.

At HPC14B I did a return FC7D and foster infant S620. The infant is self sufficient so the main goal was to at least get a group to be supportive of the infant. The alpha male himself was tender hearted towards the infant, to say the least. Plus the foster dam grabbed the infant when stress was introduced to the environment, such as vehicles and personal, etc. as well as 2 juvies appearing to care for the infant. I will obviously be closely monitoring but, it is very important that all vet techs are aware to monitor infants health overall. I spoke with VT on back row and informed them to put in obs as well. This infant is also under 6 months so it will need to be observed on the infant obs. The dam and infant have alu-spray on their backs.

Today we had a pull from HPC09A, [REDACTED] has more details but H42N was brought in with old abrasions all over as well as a previous digit amputation but, the NHP does not have any medical record. I just wanted to let you all know that I looked in previous obs and didn't see any notes that would provide us some insight. As well as finding I.d.s that are close enough to have potentially gotten mixed up. H47A was the closest that I could find that had a record of any kind of previous digit amp. I gave the information to [REDACTED] and [REDACTED] and they confirmed that H47A does in fact have the prior amp site listed in her record. I just wanted to let you guys know so that if there is more "investigation" done, I have already checked those things.

Exhibit 11

Alpha Genesis, Inc.

Non-Human Primate Necropsy Report

Rev 03/2010 11/26/2021 1:16:47 PM

ID Number:

Sex: Female Home Location: 16D07/08

Birthdate: 9/28/2010 Dam: CM73

Delivered By:

Weight (kg): 5.29 Weight Date: 10/25/2021

Circumstances:

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	11/26/2021	21-245	11/26/2021	4.51

Skin:

Eyes:

Peritoneal Cavity:

GI Tract/Mesenteric Nodes:

Kidneys:

Adrenals:

Spleen:

Pancreas:

Liver:

Gallbladder:

Urinary Bladder:

Uterus/Gonads:

Pleural Cavity:

Thymus:

Upper Respiratory:

Lungs/Hilar Nodes:

Thyroid:

Heart/Major Vessels:

Musculoskeletal:

Summary/Dx:

Notes:

Prosector Name:

NECROPSY REPORT

Alpha Genesis, Inc.
 Non-Human Primate Necropsy Report
 98-CF492 02/98 7/17/2023 10:52:20 AM

ID Number: GB7D
 Delivered By: [REDACTED]

Post Mortem #: 21-245
 Death Date: 11/26/2021

Project	70000	Sex:	Female	Species:	fascicularis	Birthdate:	9/28/2010	Necropsy Date/Time:	11/26/2021
Dam:	CM73	Home Location:	16D07/08	Death Location	Clinic	Weight:	4.51	Necropsy Weight:	4.51
Circumstances:	Study Animal	Origin:	USA-AGI						

Historic Clinical Signs: After receiving IV dose of Luciferin NHP started having breathing issues, placed on O2 but arrested and unable to resuscitate. 15% weight loss in the past month.

Anitbiotic administration in the last 48 hrs?

FINDINGS ("N" FOR NORMAL, "ABN" FOR ABNORMAL AND "NE" FOR NOT EXAMINED)

Skin:	N	Eyes:	N	Peritoneal Cavity:	N	GI Tract/Mesenteric Nodes:	ABN
Kidneys:	ABN	Adrenals:	N	Spleen:	NE	Pancreas:	ABN
Liver:	NE	Gallbladder:	ABN	Urinary Bladder:	N	Uterus/Gonads:	N
Pleural Cavity:	ABN	Thymus:	NE	Upper Respiratory:	ABN	Lungs/Hilar Nodes:	NE
Thyroid:	NE	Heart/Major Vessels:	ABN				

COMMENTS ON FINDINGS AND MISCELLANEOUS OBSERVATIONS

BCS: 3/5. Skin: Normal. Eyes: Normal. Peritoneal Cavity: Normal. GI Tract/Mesenteric Nodes: Colon normal with soft formed stool (FS 3.5) present; Small intestines had hyperemic appearance, with thick mucus ingesta in lumen; stomach was normal with thick

white mucosa present in lumen. Mesenteric lymph nodes normal. Kidneys: Bilaterally dark in color with minimal demarcation in color of medulla, 12 gms. Adrenals: Normal. Spleen: Not examined. Pancreas: Hyperemic and edematous appearance.

Liver: Not examined. Gallbladder: Not examined. Urinary Bladder: Normal. Uterus/Gonads; Normal. Pleural Cavity: Free blood present, likely from post mortem research tissue collection. thymus: Not examined. Upper Respiratory: Blood from nares and mouth, likely from post mortem research tissue collection. Lungs/Hilar Nodes: Not examined. Thyroid: Not examined. Heart/Major Vessels: Overall thickened appearance to muscle (LVFW 10 mm; IVS 12 mm; RVFW 3 mm)

LABORATORY

Urinalysis (Lab-Stix):

Culture/Gram Stain:

Serology:

Chemistry:

Hematology:

Tissue:

Summary/Dx: possible hypertrophic cardiomyopathy (HCM), possible acute tubular necrosis; possible pancreatitis.

Prosector Name: [REDACTED]

Sent To:

Exhibit 12

Alpha Genesis

95 Castle Hall Rd, Yemassee, SC, 29945, USA

Received
07/15/21Reported
07/21/21Accession#
NYBC04966627Pet Name
N223Owner
AgiSpecies
PrimateBreed
**Cynomolgus
(Crab-Eating)
Macaque**Sex
MAge
2YChart#
N

Returned to home location from being in sales building, without incident. Upon rechecking on the group, this NHP appeared slow/depressed with some minor wounds to shoulders. NHP was unresponsive at that point to be moved without sedation, Alu spray was applied to wounds and transported to clinic for suspected hyperthermia. On arrival to clinic, temperature was 99.0 with no respirations and minimal heartbeat. Initial CPR measures instituted but no response. Deceased at 12:50 pm, attending veterinarian. Sending heart, lung, liver, adrenal, kidney, GI segments, pancreas, mesenteric lymph node for histopathology.

Received: Fifteen necropsy tissues. Heart, weight: 11.99 g. Apex: 3.0 cm. Left: 0.6 cm. Right: 0.1 cm. Septum: 0.5 cm.

SOURCE:

Necropsy

MICROSCOPIC DESCRIPTION:

Lungs: No significant findings.

Heart: Sections are diffusely congested. There is moderate anisokaryosis with frequent karyomegalic cardio myocytes. There are small amounts of interstitial fibrosis is present present

Liver: No significant findings.

Spleen: No significant findings

Kidneys: Sections are congested. Multifocally there is acute hemorrhage at the cortical medullary junction.

Pancreas: No significant findings.

Small intestine: Multifocally lamina propria is expanded by moderate numbers of eosinophils lymphocytes and plasma cells. The crypt epithelium is occasionally mitotically active.

Large intestine: The mucosal epithelium is multifocally eroded. There are moderate numbers of lymphocytes and plasma cells that expand the lamina propria as well as scattered low number of hemosiderophages.

Alpha Genesis

95 Castle Hall Rd, Yemassee, SC, 29945, USA

Received
07/15/21Reported
07/21/21Accession#
NYBC04966627

Mesenteric lymph node: The sections of lymph node examined have large numbers of hyperplastic lymphoid follicles that expand the cortex with dark and light zones. The paracortical areas and medulla are largely expanded by small lymphocytes and plasma cells. Small numbers of scattered macrophages which are sometime pigment laden, are present within the sinuses of this lymph node.

MICROSCOPIC FINDINGS:

HEART: MILD HYPERTROPHIC CARDIOMYOPATHY AND FIBROSIS

SMALL INTESTINES: MODERATE MULTIFOCAL EOSINOPHILIC AND LYMPHOCYTIC ENTERITIS.

LARGE INTESTINES: MODERATE MULTIFOCAL LYMPHOPLASMACYTIC COLITIS.

MESENTERIC: SEVERE DIFFUSE LYMPHOFOLLICULAR HYPERPLASIA WITH SINUS HISTIOCYTOSIS (REACTIVE LYMPH NODE).

COMMENTS:

The most proximal cause of acute clinical decline is not apparent in these sections. Possible causes still include trauma or heat stroke, although the temperature reported at intake was within normal limits for a macaque. Common histologic findings in autopsies of heat stroke victims includes cerebral hemorrhage, edema and hepatic necrosis. Hepatic necrosis was not observed here. In future heat stroke suspect please feel free to submit the brain for necropsy as well. The renal lesion reported at necropsy corresponds with acute hemorrhage which could be agonal or associated trauma. Trauma is a common medical problem in group housed animals -particularly targets lower on the social hierarchy -resulting in shock, sepsis, MODS and death.

This macaque also had histologic evidence of chronic diarrhea. Chronic diarrhea is a significant cause of morbidity and mortality in captive nonhuman primate colonies. Some animal present with chronic diarrhea from which no underlying pathogen can be isolated. These animal exhibit weight loss, lethargy and dehydration and appetite may be decreased, normal or increased. Stool can vary from watery to soft, light tan in color. Clinical signs do not resolve with antibiotic therapy. This disease is thought to be due to dietary antigen hypersensitivity, dysbiosis or stress. Changes described in the heart are mild and incidental.

No infectious agents or neoplasia is present in the sections evaluated here.

I have interest in primatology. Please do not hesitate to email me if you have any questions on this case.

PATHOLOGIST:

Alpha Genesis

95 Castle Hall Rd, Yemassee, SC, 29945, USA

[REDACTED]

Received
07/15/21Reported
07/21/21Accession#
NYBC04966627

[REDACTED]

Email: [REDACTED] (best contact) I am available for consult with veterinarians Sunday through Thursday. Please include the accession number with your query.

[REDACTED] If I am unavailable and you need immediate assistance, please call Customer Service at 1-800-872-1001.

To view an interactive version of this report, please go to Antech Online where you can find high quality histopathology images from this case embedded in the report. These images can be viewed in our Antech Online Viewer, saved, or downloaded with a pdf version of the report

Antech Customer Support - 800.872.1001

Monday through Friday from 8AM to Midnight eastern time / 5AM to 9PM pacific time.

Saturday from 8AM to 8PM eastern time / 5AM to 5PM pacific time.

Sundays from 9AM to 6PM eastern time / 6AM to 3PM pacific time.

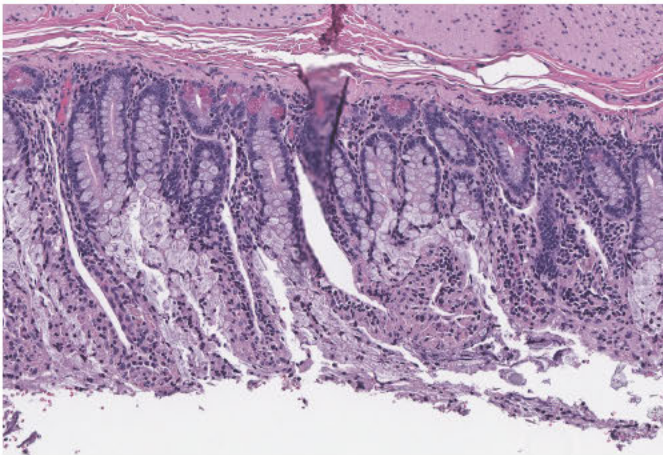
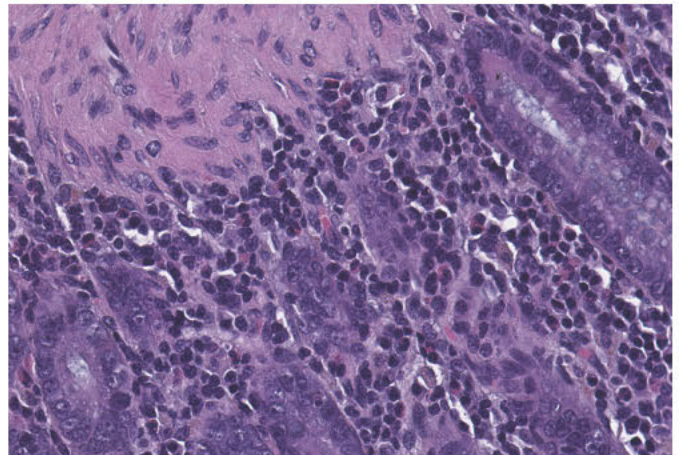
[DOWNLOAD IMAGE](#)[DOWNLOAD IMAGE](#)

Exhibit 13

FW: RML SHIPPING ISSUES

From: [REDACTED]

To: [REDACTED]

Date: Thursday, July 13, 2023 at 10:59 AM EDT

[REDACTED]
[REDACTED]
[REDACTED]
www.AlphaGenesisInc.com

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>

Sent: Monday, January 25, 2021 2:46 PM

To: Ryan Mistretta <ryan@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Cc: [REDACTED]

Subject: RE: RML SHIPPING ISSUES

I would be ecstatic if we built a new combined SPF clinic like at HPC and turned 30 into NSPF and 26 into overflow/study, with a tech workspace.

I think if we are building new outdoor enclosures we will realistically need 4 table clinics with more cages. It would also make it easy to improve DVM labor efficiency.

Just my thoughts on a potential solution

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

866.789.MONK (6665)

843-589-5190

843-589-5290 (fax)

www.AlphaGenesisInc.com



From: [Ryan Mistretta](#)

Sent: Monday, January 25, 2021 2:41 PM

To: melissa@alphagenesisinc.com; drgierbolini@alphagenesisinc.com; [REDACTED]

Cc: drreric@alphagenesisinc.com; [REDACTED]

Subject: Re: RML SHIPPING ISSUES

Hopefully once we get through this crazy period of incoming/outgoing NHPs we can work on improving our space availability and scheduling. Ideally we need get some additional holding for both spf and nonspf. I am glad that at least everyone was cleared to ship today. The abovegrounds are difficult on the best day to work in.

Get [Outlook for Android](#)

From: [REDACTED]
Sent: Monday, January 25, 2021 2:36:29 PM
To: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: dreric alphagenesisinc.com <dreeric@alphagenesisinc.com>; [REDACTED]
Subject: RML SHIPPING ISSUES

Staff,

I know we were limited on availability with space, but as I'm sure all of the vets can vouch for, today's process was less than ideal. The vets had to work prolapses on at least half of the NHP's being shipped, and we had some minor face bleeding. Everyone was checked and able to ship luckily. Again, completely aware, especially with Non-SPF, that we didn't have anywhere else to hold them; however catching for a shipment the day of, with the truck already on site is not a way we want to go in the future. Just my thoughts and concerns from what I saw today. On a positive note, the processing guys did an awesome job in their with the catches, many thanks to them!

R/S,
[REDACTED]

[REDACTED]
www.AlphaGenesisInc.com



Check out Alpha Genesis on Facebook:
www.Facebook.com/AlphaGenesis

[REDACTED]

From: dreric.alphagenesisinc.com
Sent: Thursday, June 10, 2021 9:23 AM
To: Ryan Mistretta; drgierbolini.alphagenesisinc.com; [REDACTED]
Subject: RE: Prolapses after Processing

Yes any stressful event could cause it. This is just something to be aware of and to incorporate into the training. I guess if there is major work being done on a location and the animals are stressed we may want to think about incorporating a NHP check after the work is complete.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190
843-589-5290 (fax)
www.AlphaGenesisInc.com



From: [Ryan Mistretta](#)
Sent: Thursday, June 10, 2021 9:17 AM
To: dreric.alphagenesisinc.com; drgierbolini.alphagenesisinc.com; [REDACTED]
Subject: RE: Prolapses after Processing

Regarding the prolapses in the newer field cages, we have also had construction removing the old doors and adding new doors to all those locations and some maintenance repair work going on. Its possible that those processes in conjunction with our normal processing and power washing have caused some of the prolapses.

From: dreric.alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Thursday, June 10, 2021 9:15 AM
To: drgierbolini.alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Subject: RE: Prolapses after Processing

Today was building 8 and I think FC or building 21. Yesterday I don't remember I think it was the newer field cage.

Yes these are all fresh, we give them a little time to self correct if they are small then we pull if it is not corrected.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
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843-589-5290 (fax)
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From: drgierbolini@alphagenesisinc.com

Sent: Thursday, June 10, 2021 8:21 AM

To: drreric@alphagenesisinc.com; [REDACTED] [Ryan Mistretta](mailto:Ryan.Mistretta@alphagenesisinc.com); [REDACTED]

Subject: RE: Prolapses after Processing

Dr. Eric: Can you give processing the areas where the prolapses are coming from?

If the vet techs are noticing them I am assuming they are fresh prolapses. I know yesterday there was a prolapse from 25BC00 that was necrotic and had to be euthanized. These also need to be addressed and pulled quickly to prevent necrosis, the hot weather doesn't help either and speeds up necrosis.

From: drreric@alphagenesisinc.com <drreric@alphagenesisinc.com>

Sent: Thursday, June 10, 2021 7:57 AM

To: [REDACTED]; [Ryan Mistretta](mailto:Ryan.Mistretta@alphagenesisinc.com) <ryan@alphagenesisinc.com>

Cc: drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Subject: Prolapses after Processing

Hey all, lately we have been having more prolapses after processing. We had 3 in one location yesterday and so far 2 today.

I assume it is the heat unless something with handling/catching has changed.

They have been getting spotted by the Vet techs.

If we could have whoever is watching sedation try to look out for prolapses that would be helpful.

Even if you cant see their rear end a tell tail sign is they have their tail straight up and they arch down into a downward dog position.

Prolapses are life threatening if not dealt with in a timely manner.

Also the real feel has been creeping up very early in the day, I am assuming you all are keeping an eye on that though.

Thanks

Dr. Eric Granato, DVM, MLAM.

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Non-Human Primate Necropsy Report

Rev 03/2010 11/10/2021 12:52:33 PM

ID Number:

Sex: Female Home Location: 10FGH00

Birthdate: 9/21/2016 Dam: FD4C

Delivered By:

Weight (kg): 3.1 Weight Date: 11/9/2021

Circumstances:

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	11/9/2021	21-230	11/10/2021	3.21

Skin:

Eyes:

Peritoneal Cavity:

GI Tract/Mesenteric Nodes:

Kidneys:

Adrenals:

Spleen:

Pancreas:

Liver:

Gallbladder:

Urinary Bladder:

Uterus/Gonads:

Pleural Cavity:

Thymus:

Upper Respiratory:

Lungs/Hilar Nodes:

Thyroid:

Heart/Major Vessels:

Musculoskeletal:

Summary/Dx:

Notes:

Prosector Name:

Exhibit 14



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From: dreric.alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Monday, January 4, 2021 12:37 PM
To: [redacted]; William Rinaldi <william@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; [redacted]
Cc: drgierbolini.alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [redacted]
Subject: RE: Building Cage Numbering

Thanks for the update [redacted]! The Tech miscommunicated the building to me then. I also fully support a standardized count with room maps ideally. Every building seems to be counted differently and different services count differently in those buildings it seems. I have to bring a tech when I go into buildings I don't frequent and it makes training techs take longer.

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From: [redacted]
Sent: Monday, January 4, 2021 12:34 PM
To: dreric.alphagenesisinc.com; [William Rinaldi](mailto:William.Rinaldi); [Ryan Mistretta](mailto:Ryan.Mistretta); [redacted]
Cc: drgierbolini.alphagenesisinc.com; [redacted]
Subject: RE: Building Cage Numbering

All,
The only thing that was numbered by us was 12B after discussion with the lab. Since nothing had been in there before we asked how they wanted it and I was told any way is fine as long as we know what it is, which is what we did. No other areas have been re-numbered. However, the confusion is coming from the fact that no two people count any of the rooms the same way.....which makes me fully support a standardized count concept. That is one of the hardest things to learn here while training, because

multiple buildings are different, and speaking personally, I counted buildings with multiple people while training and very few of them were the same.

R/S,
[REDACTED]

[REDACTED]
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www.Facebook.com/AlphaGenesis

From: dreric alphagenesisinc.com <dreeric@alphagenesisinc.com>

Sent: Monday, January 4, 2021 12:28 PM

To: William Rinaldi <william@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]

Cc: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Subject: RE: Building Cage Numbering

I was under the impression [REDACTED] was reorganizing some of the numbering to make it more standard. I have not yet had the chance to get details but I wanted to start this email thread so we can keep each other updated.

Dr. Eric Granato, DVM, MLAM.

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From: [William Rinaldi](mailto:William.Rinaldi)

Sent: Monday, January 4, 2021 10:37 AM

To: dreeric@alphagenesisinc.com; [Ryan Mistretta](mailto:Ryan.Mistretta); [REDACTED]

Cc: drgierbolini@alphagenesisinc.com; [REDACTED]

Subject: RE: Building Cage Numbering

Hi Doc,

I'm not familiar with any numbering change going on. Can you clarify this?

Thanks,
Billy

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Saturday, January 2, 2021 3:38 PM
To: Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
[REDACTED]; William Rinaldi <william@alphagenesisinc.com>
Cc: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]
[REDACTED]
Subject: Building Cage Numbering

Happy New Years
Hey all, the Vet Techs told me 16 DEF.... ect
Is having the counting convention updated.
This sounds great but just be sure to keep Vet Services updated on counting changes or animal movements that are relevant to outpatient.

A consistent counting method in all buildings would be fantastic and it sounds like the status changes are in.
I dont think there are many if any in there on OP but just keep us updated on buildings so we can keep any treatments straight.

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[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Thursday, June 2, 2022 10:23 AM
To: [REDACTED]; Ryan Mistretta; drgierbolini@alphagenesisinc.com
Cc: dreric@alphagenesisinc.com [REDACTED]; William Rinaldi; clinlab@alphagenesisinc.com
Subject: RE: Cage confusion

Regarding the confusion in 14B, if anyone notices an animal in the wrong location, or the location listed is incorrect, please notify someone or submit a status change so the situation can be corrected. The numbering system schematic will be posted on the door. If there are any questions, Ryan and I will be more than willing to help clear up any misunderstanding.

From: [REDACTED]
Sent: Thursday, June 2, 2022 9:22 AM
To: [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED] drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Cc: dreric@alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED] [REDACTED]; William Rinaldi <william@alphagenesisinc.com>; clinlab@alphagenesisinc.com <clinlab@alphagenesisinc.com>
Subject: Re: Cage confusion

Ok

Get [Outlook for iOS](#)

From: [REDACTED]
Sent: Thursday, June 2, 2022 9:19:33 AM
To: [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED] [REDACTED]; drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Cc: dreric@alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED] [REDACTED] William Rinaldi <william@alphagenesisinc.com>; clinlab@alphagenesisinc.com <clinlab@alphagenesisinc.com>
Subject: RE: Cage confusion

Thanks [REDACTED]!

[REDACTED]

From: [REDACTED]
Sent: Thursday, June 2, 2022 9:17 AM
To: [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]

[REDACTED]; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
[REDACTED] William Rinaldi
<william@alphagenesisinc.com>; clinlab alphagenesisinc.com <clinlab@alphagenesisinc.com>
Subject: Re: Cage confusion

I will be in 14B today to get the status on all NHPs corrected.

[REDACTED]

From: [REDACTED]
Sent: Thursday, June 2, 2022 9:15:06 AM
To: Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED] drgierbolini
alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
[REDACTED]; William Rinaldi <william@alphagenesisinc.com>; clinlab alphagenesisinc.com
<clinlab@alphagenesisinc.com>
Subject: Cage confusion

Hey all! The new numbering system in the buildings seems to less confusing for our staff, but we are still having issues with animals in the incorrect cages, specifically today 14B, and lab is having the same issue. I thought this was gone over with everyone, but we still keep having mix ups. I don't know where the specific issue lies, but could we have either some diagrams or a meeting to make sure all managers are on the same page & get it relayed to the staff?

The NHPs I checked on today for deworming in 14B were all in their correct location, but I was told that there was confusion yesterday when processing was looking for NHPs, and then they put them back based on the cage numbers on their sheets, but then after processing, the AC tech asked for some to be moved again because that's not where she remembered them belonging.

Whatever we can do to make sure all services are on the same page.

Thanks!

[REDACTED]

Exhibit 15

[REDACTED]

[REDACTED]

From: [REDACTED]

To: [REDACTED]

[REDACTED]

[REDACTED]

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From: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>

Sent: Thursday, January 14, 2021 11:19 AM

To: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Cc: William Rinaldi <william@alphagenesisinc.com>

Subject: RE: [REDACTED]

Hi Dr. Eric- Please let me know why this animals was taken to the clinic? Diarrhea? And if so for how many days before being pulled to clinic? I need to inform the PI

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Thursday, January 14, 2021 10:27 AM

To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Cc: William Rinaldi <william@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>

Subject: RE: [REDACTED]

Alright that makes sense, I hadn't thought of the risks and stress of movement on the study.

Dr. Eric Granato, DVM, MLAM.

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From: drgierbolini@alphagenesisinc.com

Sent: Thursday, January 14, 2021 10:05 AM

To: dreric@alphagenesisinc.com; [REDACTED]

Cc: [William.Rinaldi](mailto:William.Rinaldi@alphagenesisinc.com); melissa@alphagenesisinc.com

Subject: RE: [REDACTED]

We need to try not to move animals that are in study to the clinic for minor issues. Mild weight loss and dehydration can be treated as an outpatient. In this case, this animal has normal stool so she can go back to building 16 and monitored as an outpatient.

Dr. Eric: Melissa needs to know the reason why the animal was pulled to clinic so she can update the client. Did it have more than 3 days of diarrhea?

Animals that are in single cages due to studies need to stay in their controlled environment for several reasons. Stress from being transferred to the clinic could affect the outcome of the specific research the animal is part of. The possibility of escape increases by moving the animal around campus. These animals are super valuable and we cannot afford to have one escape. I am not saying that if they need emergency treatment they cannot be moved to the clinic. I am referring to minor situations like minor trauma, mild weight loss or diarrhea without major dehydration. Each case needs to be addressed individually.

In the future, if a vet techs sees a study animal that may need treatment, they can sedate and perform an exam right there in the building it is housed. Based on the findings of the exam they can contact me for further instructions. Now that we have three clinical vets, we can go back to having a vet out in the field that can go to buildings to address medical cases like this.

Once [REDACTED] comes back from vacation lets have a vet meeting to address this issues.

I have copied Billy so he can chime in as our Study Director.

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Thursday, January 14, 2021 9:21 AM
To: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Subject: [REDACTED]

Sorry you must not have been on that email chain. Lab was informed of her movement and that side of 16 I think was okay to come to clinic I think. They are still on normal study activities, Lab got more blood work today. We may be able to transfer back to outpatient depending on the results. They have 5% weight loss and dehydration with elevated kidney values. They have been NBM and had good to fair hydration today so I would say a good prognosis she just initially looked worse than she actually was.

Sorry I didn't CC you on that initial email!
I will let you know when the results come in and we can get her back to her home cage on outpatient tomorrow if it looks good enough.

Dr. Eric Granato, DVM, MLAM.

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From: melissa@alphagenesisinc.com
Sent: Thursday, January 14, 2021 9:03 AM
To: drgierbolini@alphagenesisinc.com; dreric@alphagenesisinc.com
Subject: [REDACTED]

What is the prognosis for L433? I need to update the client. Also, why was the animal pulled to clinic instead of being treated in the study area? Was it because of the severity of the diarrhea? I have to keep clients updated on study animals who are on

treatment. Thanks!

From: [REDACTED]
Sent: Thursday, January 14, 2021 8:44 AM
To: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>
Subject: [REDACTED]

L433 is in the clinic for diarrhea, H57D has soft stool.

From: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>
Sent: Thursday, January 14, 2021 8:42 AM
To: [REDACTED]
Subject: [REDACTED]

Asher asked if any of the animals were observed to have had soft/loose stool after dosing, would you check? Thanks!

qryMasterSort						
ID Number	Sex	Birthdate	Current Location	Species	Weight (kg)	Client
GB7E	Female	7/6/2010	16L03/04	fascicularis	05.14	[REDACTED]
H57D	Female	5/1/2014	16L03/04	fascicularis	03.11	[REDACTED]
L433	Female	3/6/2018	16N01	fascicularis	02.33	[REDACTED]

Melissa Ferguson

NHP Sales Coordinator
IACUC Chair

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Exhibit 16

[Redacted]

From: [Redacted]
Sent: Tuesday, March 15, 2022 12:08 PM
To: [Redacted]; Ryan Mistretta; [Redacted]
Cc: dreric.alphagenesisinc.com; [Redacted]
Subject: RE: 090385 ALPHA IN COR 7A

Good deal! Thanks!

[Redacted]

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From: [Redacted]
Sent: Tuesday, March 15, 2022 12:02 PM
To: [Redacted] Ryan Mistretta <ryan@alphagenesisinc.com>; [Redacted]
Cc: dreric.alphagenesisinc.com <dreric@alphagenesisinc.com>; [Redacted]
Subject: RE: 090385 ALPHA IN COR 7A

Thanks for the info. All outside areas will be getting the fenben feed. We can continue to evaluate the cleanliness of the corral and make sure animal care prioritizes sanitizing his location.

From: [Redacted]
Sent: Tuesday, March 15, 2022 11:07 AM
To: Ryan Mistretta <ryan@alphagenesisinc.com>; [Redacted]
Cc: dreric.alphagenesisinc.com <dreric@alphagenesisinc.com>; [Redacted]
Subject: RE: 090385 ALPHA IN COR 7A

Update, he did come back positive for Whipworms so if this group hasn't been dewormed recently, it may be good to schedule the Fenben feed for them. He will be getting dewormed as part of his treatment, but good chance others in the group likely have picked it up.

[Redacted]

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From: [Redacted]
Sent: Tuesday, March 15, 2022 10:19 AM

To: Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]

Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

Subject: 090385 ALPHA IN COR 7A

Just wanted to update you guys on "Jumpman" he has lost 18% of his body weight and did have diarrhea when pulled, but not dehydrated. I am going treat him in group for now and he will need to be pulled again next week for us to check his weight & stool.

qryMasterSort						
ID Number	Previous ID/Tag Number	Sex	Birthdate	Current Location	Home Location	Species
090385	None	Male	4/2/2009	COR07A	COR07A	mulatta

Thanks!



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[REDACTED]

From: drgierbolini alphagenesisinc.com
Sent: Thursday, March 17, 2022 1:22 PM
To: [REDACTED]; dreric alphagenesisinc.com; [REDACTED]; Ryan Mistretta;
Cc: [REDACTED]
Subject: RE: Building 10 Morbidity Mortality

I spoke with with [REDACTED] and we are going to schedule the fenben feed for that group an extra week following the two scheduled times the rest of the outdoor groups receive it.

The fenben feed will start next Tuesday, March 22nd for 7d and April 5th. Bldg. 10 would receive another week of fenben feed starting on April 19th.

From: [REDACTED]
Sent: Thursday, March 17, 2022 1:16 PM
To: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Subject: RE: Building 10 Morbidity Mortality

I say we do 5 days liquid panacur placed at multiple feeding points. We can do a group fecal float 7-10 days later to check. Unfortunately, won't help with shigella, but at this point an intense deworming would be beneficial.

Regards,

[REDACTED]

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From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Wednesday, March 16, 2022 3:12 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Cc: [REDACTED]
Subject: RE: Building 10 Morbidity Mortality

Sorry for the delay, sounds good.

In the mean time should we try another group deworm? Maybe do multiple feeding points so the juvies get more?

Also can we do the liquid for 5 days or is that too much?

I will also have to check and see what we have done for these other buildings

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

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From: drgierbolini@alphagenesisinc.com

Sent: Tuesday, March 15, 2022 7:56 AM

To: [REDACTED]; [Ryan Mistretta](mailto:ryan@alphagenesisinc.com); drreric@alphagenesisinc.com; [REDACTED]

Cc: [REDACTED]

Subject: RE: Building 10 Morbidity Mortality

If there are left over bags of feed after the facilities are fed maybe these areas can undergo another week or so of fenben feed. Not sure how much is left over (if any).

From: [REDACTED]

Sent: Monday, March 14, 2022 7:47 PM

To: Ryan Mistretta <ryan@alphagenesisinc.com>; drreric@alphagenesisinc.com <drreric@alphagenesisinc.com>;

drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Cc: [REDACTED]

Subject: Re: Building 10 Morbidity Mortality

I actually emailed [REDACTED] about this a couple of weeks ago, as I noted we had trends from Building 10 & 27 as well as FC22 with juvies with dramatic weight loss. It seemed to start towards the end of Jan, and the majority of the juvies have lost 25% body weight within 2-4 weeks of the last processing, so we can definitely see when it occurs. While some may have diarrhea by the time they are pulled, they are not usually very dehydrated, just malnourished.

My first thought (& why I contacted [REDACTED]) was that maybe they aren't getting enough access to food? She said that they would be getting fed in the backups & outside, so hopefully that would help, but we may need to somehow provide additional feeding to the groups with large amount juvies in them? I don't know if they aren't having the access or just aren't eating enough on their own.

As to the parasites, I have had concerns that we don't get the infants & juvies adequately dewormed. Not only may they never be fully dewormed, but we may also be inducing some resistance. With the Fenben feed, there is the same concern of whether the juvies are actually getting the feed and at a high enough dose, but I don't know how we could realistically give 3 full doses of Panacur to every juvie every 3 weeks as needed. I did read an article where the fenben feed was tested in a baboon colony that had whips and they found they

needed 5 days of the feed to significantly see a decrease in the shedding of the eggs. So maybe if we can figure a way to make sure the juvies will eat it, we could increase the number of days offered and get a regular monthly schedule for it. I know that may be costly but if parasites are contributing to the weight loss, would be worth it. I know in Large animals a monthly feeding schedule of fenben feed is the best way to keep parasites out of your pasture.

Just a couple of thoughts!

From: Ryan Mistretta <ryan@alphagenesisinc.com>

Sent: Monday, March 14, 2022 3:11 PM

To: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Cc: [REDACTED]

Subject: RE: Building 10 Morbidity Mortality

We have noticed a few trends in different areas regarding infant and juvenile mortalities. Building 10 was one of the areas of major concern we had identified. We think we have identified one of the main contributing factors on the AC procedural side and are working on eliminating that specific issue. I am also looking into more data for other factors that could be leading to the unusual (and unacceptable) trends we are seeing.

We are also implementing an increased surveillance program for proper sanitization utilizing the Hygiena ATP machine across all arounds of campus.

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Monday, March 14, 2022 3:07 PM

To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]

Cc: [REDACTED]

Subject: Building 10 Morbidity Mortality

Hey all here is a list of recent deaths from building 10. The theme seems to be juvenile, low protein, declining fast, BUN is not always high.

We have found Whips and Shigella recently.

- P037 Shigella
- R537 Whip
- R057
- P700
- P700
- R172 Campy

We did a group Deworm and Pepto around 3/3/22.

We will do another round of deworming and pepto.

■ can you evaluate the husbandry practices out there? It has looked reasonably well cared for when I have been in there. I think it is a newer guy so maybe the Proxigaurd/power wash technique may need evaluation.

We could also put some foot baths in the hallway.

Also please see when the last time it was dug out and rocked? If it was a while ago the worm burden in the substrate could be high.

The juvie I just necropsied had noticeable whip worms in the cecum and colon (not obstructed) with formed stool.

DVMs and AC managers let us know if you have any more ideas for managing this area.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

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Exhibit 17

Exhibit 18



Yemassee Primate Center Schematic



perimeter: front - 1200 feet
back - 1275 feet
left - 920 feet
right - 1350 feet

- 1C Supplies/Records
- 1D HVAC/Hurricane Storage
- 1E Animal Care Mgt Storage
- 1F Lab Storage



Crate Storage 2B

7B
7A

diesel & gas
9
Maintenance/Storage

FC 29 FC 28 FC 27

FC 26 FC 25 FC 24

FC 23 FC 22 FC 21

FC 20 FC 19 FC 18

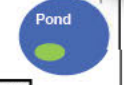
11 Bedding Storage

Rock/Sand
Cor 5B
Cor 5A

Medical Waste
Regular Waste
Special Waste
Recycling

Cor 4B
Cor 4A

- hooks
- crypto
- B. coli
- whips



30 31
2 34
2A

Necropsy
4 28 26
5 24
6 22
8 20
10 18B 18A

11D 12B 14B
11C
11B 12A 14A
11A

16M	16N
16L	16O
16K	entry
16F	16E
16G	16D
16H	16C
16I	16B
16J	16A
16ISO	entry

Corral 2
Corral 1

Lab trailer #2
Storage
27
Data Mtr
Storage
25
23
7
21
19
Necropsy

FC17D
FC17C
5 & 6
FC17B
FC17A
Corral 19B
Corral 19C
Corral 19A
Corral 19D
5cc

17 Feed Storage
15 Feed Storage
1cc
4cc
5cc
2cc
3cc
APB1A
APB1B

Corral 15A Corral 15B Corral 14A Corral 14B

FC09A FC09B
FC08A FC08B
FC07A FC07B
FC10A FC10B
Corral 13B Corral 13A
Corral 12A Corral 12B

Corral 10
Corral 11B Corral 11A
Corral 9A Corral 9B
Corral 8A Corral 8B

Corral 6B Corral 6A
Corral 7B Corral 7A

Rock/Sand
Pump Station

Old Railroad Tracks

From: [REDACTED]
Sent: Wednesday, June 23, 2021 3:36 PM
To: drgierbolini@alphagenesisinc.com; melissa@alphagenesisinc.com
Cc: dreric@alphagenesisinc.com; [REDACTED]
Subject: Building 11B and C Fecal Microbiologies
Attachments: 2021-06-23 CDC Fecal Microbiologies.pdf

Hello,

Here are the results for the fecal floats submitted today from buildings 11B and C. There were 7 animals who were positive for either Hookworms or Whipworms.

Their results are listed first in the pdf but they are:

Whipworm Positive:

qryMasterSort				
ID Number	Sex	Current Location	Species	Weight (kg)
17C149	Female	11B03	mulatta	4.43
17C097	Male	11B11	mulatta	5.97
18C008	Male	11B12	mulatta	4.19
783x	Female	11B14	mulatta	2.73
785x	Female	11B14	mulatta	2.00

Hookworm Positive:

qryMasterSort				
ID Number	Sex	Current Location	Species	Weight (kg)
33815	Male	11C13	mulatta	10.46
32725	Male	11C23	mulatta	8.85

Laboratory

866.789.MONK (6665)
843-589-5190 ext.28 (office)
843-589-5290 (fax)
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Check out Alpha Genesis on Facebook:
www.Facebook.com/AlphaGenesis

Exhibit 19

FW: Tail trauma from BLDG2

[REDACTED]

From: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Sent: Wednesday, December 30, 2020 1:35 PM
To: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED]; Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: [REDACTED]
Subject: RE: Tail trauma from BLDG2

Please have vet techs pay close attention to the tails during daily obs. This can help catch these traumas in time to prevent extensive necrosis.

Thanks!

Dr. Lynette

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>
Sent: Wednesday, December 30, 2020 1:32 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]; Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: [REDACTED]
Subject: RE: Tail trauma from BLDG2

We will go over it with our staff again. It looks like possibly pressure necrosis/blunt force so it may not be immediately obvious on the day of being squeezed.

Dr. Eric Granato, DVM, MLAM.

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843-589-5290 (fax)
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From: drgierbolini@alphagenesisinc.com
Sent: Wednesday, December 30, 2020 1:30 PM
To: [REDACTED]; [Ryan Mistretta](mailto:ryan@alphagenesisinc.com); drreric@alphagenesisinc.com

Cc: [REDACTED]
Subject: RE: Tail trauma from BLDG2

I do have seen tail trauma of cynos during squeezing of the cages. All personnel (AC, vet techs, lab and processing) need to be aware of this and pay attention when squeezing animals for injections.

From: [REDACTED]
Sent: Wednesday, December 30, 2020 1:14 PM
To: Ryan Mistretta <ryan@alphagenesisinc.com>; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>
Cc: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]
Subject: RE: Tail trauma from BLDG2

The possibilities of this injury happening during shipment/sales prep is low. It would have been seen while the physicals were being done. After the initial sales prep, we don't handle them.

From: Ryan Mistretta <ryan@alphagenesisinc.com>
Sent: Wednesday, December 30, 2020 12:56 PM
To: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Cc: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]
Subject: RE: Tail trauma from BLDG2

We will certainly go over proper NHP manipulation to include catching, handling, and squeezing. The injury may not have been caused by this process, but the procedure will be covered anyways as part of the training refresher process.

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Wednesday, December 30, 2020 12:41 PM
To: Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Cc: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]
Subject: Tail trauma from BLDG2

Hello, The tail trauma of N092 was on the side of the tail and required a half tail amputation. It is possible this could have been related to trauma from being squeezed up during shipment prep. The bar that is jagged to catch the squeeze back bolt can cause trauma if the animal gets a hand or tail caught on in it when forcefully squeezed it can cause injury.

It is not clear if this happened or if it was a bite. However it could have been squeeze cage related so while you guys are evaluating processing and training everyone train them to be aware of where the animal is and that slow steady pressure is to be used on squeeze backs not a sudden strong jerk.

Dr. Eric Granato, DVM, MLAM.

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Exhibit 20

From: [REDACTED]
Sent: Sunday, August 28, 2022 4:00 PM
To: dreric.alphagenesisinc.com; drgierbolini.alphagenesisinc.com; [REDACTED]
Subject: Weekend Update

Good afternoon,

Below is the weekend update. Please let me know if you have any questions.

HPC

Saturday - no pulls
Sunday - no pulls
2 pulls scheduled for tomorrow

YPC

Saturday

-G613 in 16M11 & H71A in 11A03 - discharged from OP last week and presented with diarrhea. Started on pepto until 8/30 when scheduled for exam
-Infant Q119 (Dam 062540) in 30B25 - born 8/24 and brought to clinic on 8/25 for failure to cling or nurse. Presented sunken eyed, thin, and lethargic on Saturday. Euthanized. Necropsy performed.
-Dam 062540 in 30B25 - poor appetite, laying down in cage, bloody diarrhea. Sedated with low dose ketamine, given LRS SC, Cerenia, and started on tylosin and metronidazole. Gave ensure soaked biscuits and hung bottle of pedialyte

Sunday

-Dam 062540 in 30B25 - poor appetite, didn't eat mash cup/meds, appeared hydrated. Vet to assess on Monday.
-D17E in cage 41 of 26 had right hand D3, 4, 5 stuck between cage back and squeeze back. Animal had access to lixit but was likely stuck since Saturday morning when squeezed for injection. Animal was sedated, released from entrapment, and assessed. No fractures. Superficial abrasion on D4 and all fingers swollen/bruised. Received meloxicam and vitamins. Scheduled for exam on Monday. Incident report filled out and will be submitted by David.
-R187 in 30A06 - animal was sedated for bandage change. This guy has significant muscle damage to right leg, and I am concerned about the plan to allow healing by second intention. It's a pretty significant wound. Animal received another dose of Bup SR and is scheduled for bandage change/vet check tomorrow.
-31584 from 09-42-4 - the two male NHPs housed above this animal gained access to this animal's cage during cleaning. I saw the cage and spoke with the care staff member and [REDACTED] about it. These are the cages with the rotating bottom, which the animals on top pushed to open the access point when the cage pan was removed for cleaning. This resulted in multiple lacerations to the right arm, right cheek (pouch involved), trauma to the left shoulder with extensive muscle involvement, and a large laceration to the right chest. All wound cleaned and sutured. Animal received meloxicam, Bup SR, penject, and will continue on clavamox tomorrow. Animal in upper left of quad unaffected. Animal in upper R of quad (Eric has the ID) favoring R foot. Gave dose of meloxicam SR.

****Incident report needs to be submitted. Who is responsible for this? Please let me know if I should follow up with someone to make sure this is done.**

****It sounds like the two animals on top were initially housed together, but all animals were separated after the scuffle. Who should be contacted about checking their housing status and re-pairing if needed?**

Have a great rest of your weekend.

Exhibit 21

From: drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Sent: Monday, July 18, 2022 1:04 PM

To:

Cc: dreric@alphagenesisinc.com <dreric@alphagenesisinc.com>;

Ryan Mistretta

<ryan@alphagenesisinc.com>

Subject: RE: Juvie from FC25

According to SOP AC30 "Processing of Non-human Primates" animals need to be monitored during sedation recovery.

Alpha Genesis Inc Standard Operating Procedure

SOP Title:	PROCESSING OF NON-HUMAN PRIMATES (NHP)	SOP Number: AC30
Effective Date:	May 11, 2022	Revision #: G

Recovery, returns, and behavioral monitoring

1. All individuals, except as described below, will recover in crates, transfer cages, or kennels whenever possible and weather permits. The recovering animals will be placed in a position so that respiration is not restricted. Provisions to avoid heat stroke or hypothermia should be taken. It is the responsibility of the Processing

Team to make sure experienced member(s) of the Processing Team or other trained personnel is/are dedicated to monitoring the complete recovery of the animals after being processed. With larger groups, longer processing, or with groups determined to be at higher risk, a minimum of two staff members should be monitoring recovery. When possible this person should be identified at least 24 hours in advance. The Clinical Veterinarian or preapproved qualified designee will need visually inspect the NHP(s) and release the NHP(s) from anesthetic monitoring prior to the cessation of monitoring by processing staff. Rechecks should be made every 20-30 minutes by a processing member or designee every 20-30 minutes thereafter. Full anesthetic recovery is determined by the ability to climb, grasp, walk, swallow, resuming normal mentation and alertness.

: please investigate this incident with the Processing Team.

Lynette Gierbolini, DVM

AGI Attending Veterinarian

866.789.MONK (6665)

843-589-5190 (office) ext. 12

843-589-5290 (fax)

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[REDACTED]

From: [REDACTED]
Sent: Monday, July 18, 2022 12:58 PM

To: [REDACTED]
Cc: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

Subject: Juvie from FC25

Newly tagged Juvie S751 was found unconscious in his home location just before Noon. Processing had been in there sedating earlier in the morning. He was critically hypoglycemic once he arrived to the clinic, and so far has responded well the Dextrose I gave him by mouth.

My concern is that obviously this little guy was not awake and was left unattended in the home location. Luckily someone (I believe [REDACTED]) saw him & he was able to be recovered before it was too late. There really is no excuse for this to occur, the NHPs should be monitored until they are awake enough to move on their own, but periodically we have this occur and usually with a dire outcome. If there is not currently a procedure in place for monitoring until the whole group is functional, then there needs to be one put in place.

Thanks!

[REDACTED]

Exhibit 22



ANIMAL INCIDENT FORM

Date: 6/27/2022

Animal Information:

ID: UG1695
Species: Fascicularis
Location: 16F16
Project: 78000

Reporter: [REDACTED]

Reason: Tail fractured/ Severed during Processing of building.

Details of Potential Incident Circumstances, Animal and Personnel Involved: Vet Tech [REDACTED] responded to a call by processing. On arrival she found a completely severed tail of a male cyno approx halfway of tail, only skin holding it together. On exam in clinic, 1 single tear in the skin was found, with no other wounds. The ligaments were completely severed, and the vertebra was crushed at the severance point. The tail was amputated, removing 15 inches of tail. Based on the appearance of the injury, I suspect this was an injury that occurred by the tail being caught in the squeeze.

****This form should be completed and turned in to the Attending Veterinarian the same day as potential incident.****







Exhibit 23

Alpha Genesis, Inc.

Non-Human Primate Necropsy Report

Rev 03/2010 6/20/2022 1:14:33 PM

ID Number:

Sex: Female Home Location: COR03B

Birthdate: 9/29/2012 Dam: F1067F

Delivered By: Project: 75000

Weight (kg): 5.56 Weight Date: 2/25/2022

Circumstances:

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	6/20/2022	22-145	6/20/2022	5.84

Skin:

Eyes:

Peritoneal Cavity:

GI Tract/Mesenteric Nodes:

Kidneys:

Adrenals:

Spleen:

Pancreas:

Liver:

Gallbladder:

Urinary Bladder:

Uterus/Gonads:

Pleural Cavity:

Thymus:

Upper Respiratory:

Lungs/Hilar Nodes:

Thyroid:

Heart/Major Vessels:

Musculoskeletal:

Summary/Dx:

Notes:

Prosector Name:

Exhibit 24

[REDACTED]

From: [REDACTED]
Sent: Monday, June 20, 2022 2:24 PM
To: drgierbolini alphagenesisinc.com
Cc: dreric alphagenesisinc.com; [REDACTED]
Subject: RE: 16C085 Incident Broken Right Humerus

A IM pin with cerclage wire around fracture should work.

From: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Sent: Monday, June 20, 2022 1:38 PM
To: [REDACTED]
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: FW: 16C085 Incident Broken Right Humerus

[REDACTED] what would be your suggestion for surgery for this type of fracture?

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Monday, June 20, 2022 1:31 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Cc: [REDACTED]
Subject: 16C085 Incident Broken Right Humerus

Hello all

I am writing to inform everyone this morning 16C085 from 09-91 ([REDACTED] was admitted to clinic for injuries sustained while being a code X.

The primary injury is this comminuted fracture of the proximal humerus. This injury was very fresh as there was no swelling or bruising yet. There is no open wound.

I was able to get some images from the viewer but they are showing up as negatives and cant be rotated. However I think they clearly show the force involved require to shatter and adult males humerus into 3-4 pieces.

He has been splinted for now, while we wait for the swelling to appear. To properly repair this would require a serious orthopedic surgery beyond what I am able to do. We can float it to the other docs to discuss but the arm may need to be amputated.

The NHP is on buprenorphine and meloxicam for the pain.

I informed [REDACTED] and [REDACTED] this morning, they investigated and will have more info as to the circumstances.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

866.789.MONK (6665)

843-589-5190

843-589-5290 (fax)

www.AlphaGenesisInc.com



16C085 Incident Broken Right Humerus

dreric.alphagenesisinc.com <dreric@alphagenesisinc.com>

Mon 6/20/2022 1:31 PM

To: drgierbolini.alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; melissa.alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: Dr. [REDACTED]

3 attachments (868 KB)

16C085 info.PNG; 16C085 view.PNG; 16C085.PNG;

Hello all

I am writing to inform everyone this morning 16C085 from 09-91 ([REDACTED]) was admitted to clinic for injuries sustained while being a code X.

The primary injury is this comminuted fracture of the proximal humerus. This injury was very fresh as there was no swelling or bruising yet. There is no open wound.

I was able to get some images from the viewer but they are showing up as negatives and can't be rotated. However I think they clearly show the force involved required to shatter an adult male's humerus into 3-4 pieces.

He has been splinted for now, while we wait for the swelling to appear. To properly repair this would require a serious orthopedic surgery beyond what I am able to do. We can float it to the other docs to discuss but the arm may need to be amputated.

The NHP is on buprenorphine and meloxicam for the pain.

I informed [REDACTED] and [REDACTED] this morning, they investigated and will have more info as to the circumstances.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

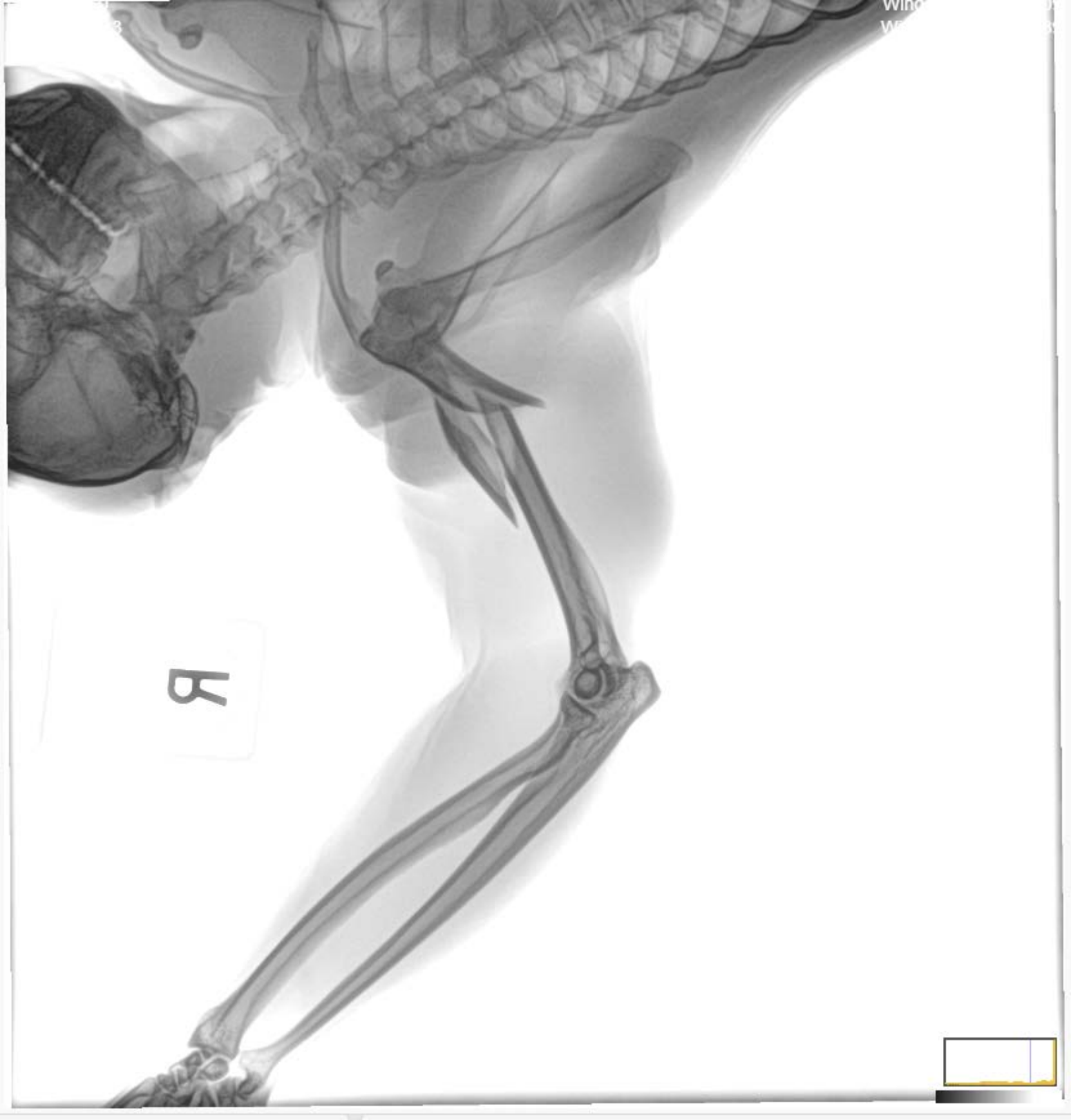
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843-589-5190

843-589-5290 (fax)

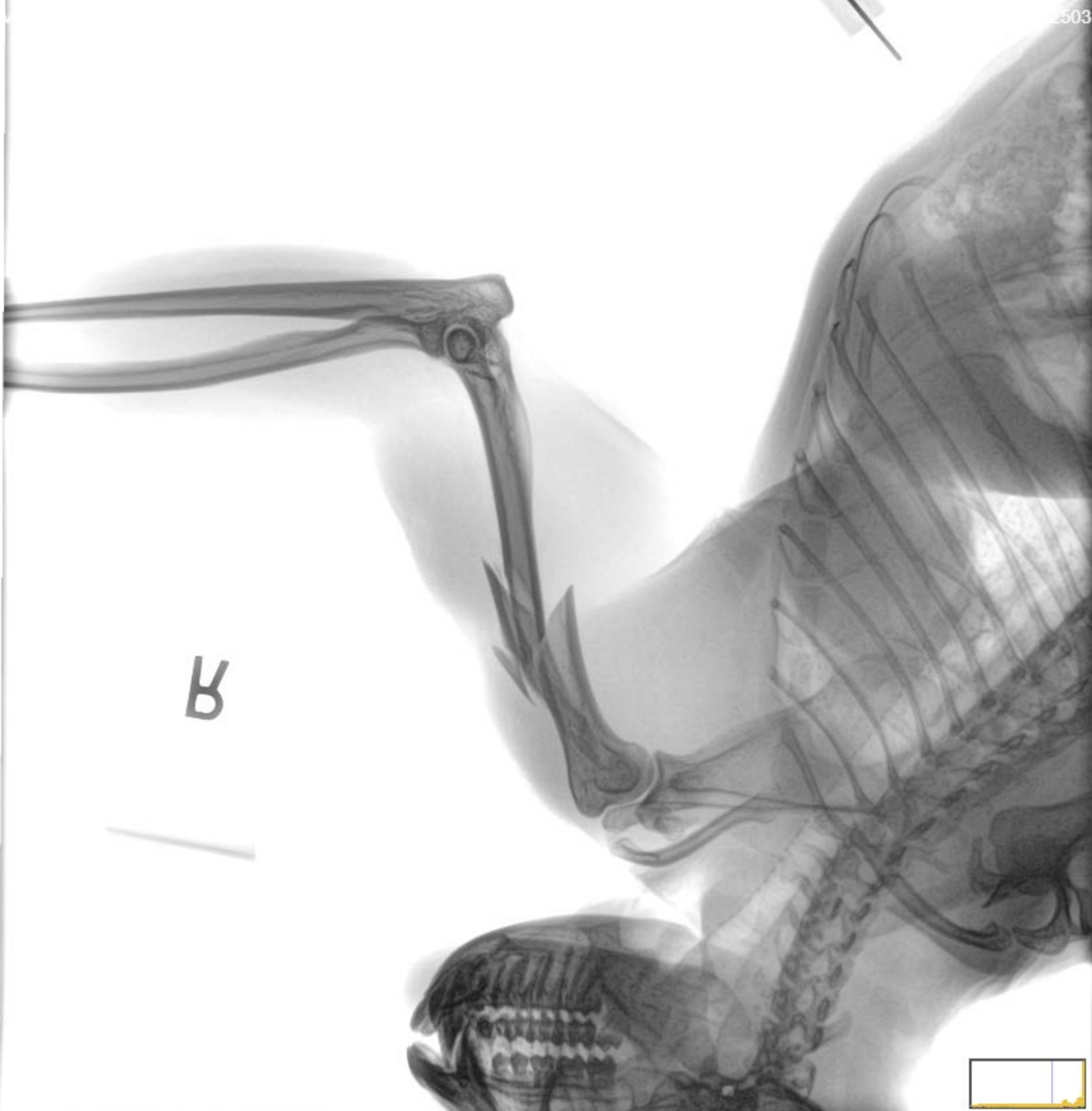
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R





B

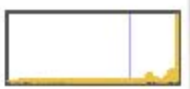


Exhibit 25

[REDACTED]

From: dreric alphagenesisinc.com
Sent: Monday, November 15, 2021 4:03 PM
To: Ryan Mistretta; [REDACTED] drgierbolini alphagenesisinc.com; [REDACTED]
Cc: [REDACTED]
Subject: RE: COR05A Agonistic Event

Sounds like a plan, let us know how it goes.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190
843-589-5290 (fax)
www.AlphaGenesisInc.com



From: Ryan Mistretta <ryan@alphagenesisinc.com>
Sent: Monday, November 15, 2021 3:40:43 PM
To: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED]
drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]
Cc: [REDACTED]
Subject: RE: COR05A Agonistic Event

I never said they occurred last night. They could easily have occurred this morning as it certainly appears, and it is always possible they occurred prior to or when processing arrived (maybe they heard the van, maybe AC did something, maybe they were triggered by the troop next door, etc.). Processing also utilized the same procedures in COR04A/B, COR19, COR05A/B, FC17, FC18, BLD08 this morning without similar incidents. Until we get all the information it is unhelpful to presume anything other than the objective information from the clinical findings. I have started the required conversations with the Processing staff and I will see what additional information I can find out. If there are changes to common procedures we would like to look into changing that is something we can discuss.

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>
Sent: Monday, November 15, 2021 2:43 PM
To: [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]
Cc: [REDACTED]
Subject: RE: COR05A Agonistic Event

I spoke to the vet techs that were on the scene early. Processing did call them down. One was already at Cor4.

Processing did help capture a number of the injured animals.

However I highly doubt these wounds occurred last night. They were very fresh, there was no dirt or granulation. Also if they were fighting to the point of 14+ animals injured overnight I would have expected some casualties and more serious wounds.

When stuff like this happens it is important for the people involved to learn from it and for who was supervising the catching to learn how to do better. Situations like these I feel like owning it and learning from it would be preferable to what seems to be going on.

I think this is also fundamentally different from incidents in which there were bad actors, like where the spine was broken or the tail degloved, that required swift serious action. Incidents like this could happen to inexperienced people just focusing on catching x monkey and we can all learn from it.

Again my 2 cents

Thanks

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190
843-589-5290 (fax)
www.AlphaGenesisInc.com



From: [REDACTED]
Sent: Monday, November 15, 2021 1:57 PM
To: [Ryan Mistretta](mailto:ryan@mistretta.com); dreric@alphagenesisinc.com; dr gierbolini@alphagenesisinc.com; [REDACTED]
Cc: [REDACTED]
Subject: RE: COR05A Agonistic Event

I believe [REDACTED] was one of the first techs there, so she can at least give more info on what she was told & what was going on when she got there.

Since I wasn't there, I can only speak to the wounds, and they were all very fresh & clean, so whatever happened, happened immediately before presenting to the clinic. Most of the ones I had were long, sharp lacerations (male induced) through the skin only, but there was one juvie with a puncture into the side of the face.

[REDACTED]
Clinical Veterinarian
866.789.MONK (6665)
843-589-5190 (office)
843-589-5290 (fax)
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From: Ryan Mistretta <ryan@alphagenesisinc.com>

Sent: Monday, November 15, 2021 1:27 PM

To: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Cc: [REDACTED]

Subject: RE: COR05A Agonistic Event

I need to look into the situation more. From what I was told the Processing team called out the injuries to the Vet Techs when they first arrived at COR05A. They said they helped catch the NHPs and collected the one sales NHP while helping the Vet Techs.

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Monday, November 15, 2021 12:37 PM

To: Ryan Mistretta <ryan@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

Cc: [REDACTED]

Subject: RE: COR05A Agonistic Event

I think [REDACTED] may have more to add as she got the initial wave of animals.
Here is my two cents

From what I have gleaned processing went in for a juvie and chaos ensued.
The injuries were a mix of male and female type bite wounds. All the wounds were very fresh.

So hopefully a one off event. However this sort of situation seems to come up where some section of processing goes in and they are not acting with the finesse they need to.

I think whoever was in charge in that situation did not assess the situation well.
It sounded like they were being caught in the back up, which would track with the injuries as we do not really see injuries like this catching outside.

When Vet services goes into a crowded backup to catch we will let all or some of them outside to spread them out. Considering the cynos were scheduled to go out cold weather should not be an issue for not wanting to run them out. When there are multiple males and that many stressed out females there is higher risk for injuries when they pig pile into the corners.

When the population is that dense catching them outside actually becomes easier because you can spread them out. Even if the males are doing their job policing there is no order in a ball of monkeys in a corner.

The staff that is supervising catching should be able to see when it is high stress for the animals they should be able to step back and reevaluate their approach. 14+ animals don't get injured right away and if they cant stop and evaluate the situation that is a problem. Even in years past when there is fighting in the back up it is never this many injuries.

My recommendations would include discussing with those involved what went wrong what they could have done better. They need to be retrained on appropriate catching and recognizing when animals are getting too stressed.

Thanks

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

866.789.MONK (6665)

843-589-5190

843-589-5290 (fax)

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From: [Ryan Mistretta](#)

Sent: Monday, November 15, 2021 11:45 AM

To: drsierbolini@alphagenesisinc.com; [REDACTED] drreric@alphagenesisinc.com; [REDACTED]

Cc: [REDACTED]

Subject: COR05A Agonistic Event

After observing the social group interactions and behaviors after the agonistic event that caused a multitude of injuries we have a few possible contributing factors.

The social group was behaviorally within normal limits after the first set of animals were sent to clinics. The animals all displayed species appropriate proximity for compatible large social groups. The males were all observed within close proximity while also performing normal social behaviors to include mounting and grooming. There were also no additional signs of aggression or abnormal behavior. The injury-inducing event was possibly caused do to multiple stressors including run-in procedures, less available space, and Processing removing a young juvenile. The young juvenile's dam is a highly successful breeder and was one of the core original females who have been together since 2005. It is possible that due to the stressors of run-ins and netting, the older (original) group of females were incapable of dealing with the social disruption when the juvenile was pulled.

Additionally, during the last social group observations I performed 1-2 weeks ago it had appeared the older (grey) male no longer held the rank of alpha, and the beta had supplanted him without the use of aggression. This was proven to be incorrect since during today's netting process of the second group of animals, the older male (grey) performed all of the alpha duties as expected. [REDACTED] also observed the gamma male displacing the previous beta (whom I had incorrectly thought may have replaced the alpha). With the older male stilly holding alpha status, its possible he was not able to properly police the conflict in the backup. The beta likely did not step up and perform the job properly either, likely leading to the younger male replacing him in the structure.

We will continue to monitor this group to see if any change are required to the social structure or if this was a one-off event.

Thank you,

Ryan J. Mistretta, BS RLAT CLABP

Colony Manager

Yemassee Primate Center

866.789.MONK (6665)

703-927-5294 (cell)

843-589-5290 (fax)

Exhibit 26

MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
220208Y02	2/8/2022	7.90	Smoo h		Good	Normal	NR	NR			Lt Pink	<2	Normal		N/A	2.5/5	ANIMAL HAS HAD A DRAINING TRACT ON MEDIAL CANTHUS OF LEFT EYE SINCE 2016. WHILE LAB TECHS WERE BLEEDING THE MONKEY IT WAS NOTED THAT THE SKIN AROUND THE MEDIAL CANTHUS OF THE LEFT EYE HAD OPENED MORE THAN BEFORE. A CRUCIATE SUTURE PATTERN WAS USED (4-0) TO APOSE THE SKIN. OPHTHALMIC TRIPLE ANTIBIOTIC WAS APPLIED.
210319Y02	3/25/2021	9.10	Smoo h		Good	Normal	140	32	Right hand Digit 1 rem,ains. Left Hand Digit 3 amputated		Pink	<2	Normal		N/A	3.0/5	Tail amputation recheck. Tail closed and healing great. Weight stable. NHP appears healthy
210319Y02	3/19/2021	9.05	Smoo h		Good	Normal	N/R	N/R			Pink	N/R	Normal		N/A	3.0/5	LAB SEDATED- SEVERE TAIL INJURY. APPEARS TO HAVE BEEN SHUT IN SQUEEZE CAGE. AMPUTATION NECESSARY.
201223Y02	1/26/2021	9.46	Smoo h		Good	Normal	144	48	L hand digit 3 absent: R hand digit 4 - p1/p2 absent ; R hand digits1/2/3/5 absent		Pink	<2	Normal		N/A	3.0/5	DIGIT AMPUTATION
201223Y02	1/11/2021	9.10	Smoo h		Good	Normal	156	36	RH ONLY D1 PRESENT; LF D5 1/2		Pink	<2	Normal		N/A	3.0/5	Trauma to right hand & left foot
201223Y02	1/4/2021	8.74	Smoo h		Good	Normal	160	32			Pink	<2	Normal		N/A	3.0/5	HAND/FINGER WOUNDS HEALING

200127Y1001	2/19/2020	8.71	Smoo h	Not Recorded	Good	Normal	160	36		N/R	Pink	2	Normal	Not Recorded	N/A	3.5/5	LOT OF INFLAMATION-DVM CONSULTED
200127Y1001	2/10/2020	8.52	Smoo h	Not Recorded	Good	Normal	200	32		N/R	Pink	2	Normal	Not Recorded	N/A	3.5/5	RECHECK WOUNDS ON TAIL- HEALED
200127Y1001	2/3/2020	8.32	Smoo h	Not Recorded	Good	Normal	156	40		N/R	Pink	2	Normal	Not Recorded	N/A	3.0/5	RECHECK TAIL TIP DEHISCED BUT HEALING BY SECONDARY INTENTION
200127Y1001	1/27/2020	8.10	Smoo h	Not Recorded	Good	Normal	100	34		N/R	Pink	2	Normal	Not Recorded	N/A	2.5-3.0/5	Tail healing is progressing, tip was recently amputated. Wounds are clean and closing. Bandage care continues
191211Y1001	12/26/2019	7.91	Smoo h	Not Recorded	Good	Normal	200	40		N/R	Pink	1	Normal	Not Recorded	N/A	3.0/5	Lab was working with and tail got caught by neighboring male and was lacerated. Tail vasculature intact, sutured tail
191211Y1001	12/18/2019	8.00	Smoo h	Not Recorded	Good	Normal	146	32	Woundhealing on left palm D1 may have reduced function	N/R	Pink	2	Normal	Not Recorded	N/A	3.0/5	Recheck hand, Wound clean but s ill needs more healing time. Wound may be from cage mate fight in 14B.
191211Y1001	12/11/2019	8.06	Smoo h	Not Recorded	Good	Normal	120	36		N/R	Pink	2	Normal	Not Recorded	N/A	3.0/5	TRAUMA- LEFT PALM WOUND ALMOST SEPERATING D1 FROM D2 TO MIDDLE OF PALM
191007y1002	11/7/2019	8.25	Smoo h	Not Recorded	Good	Normal	136	48		N/R	Pink	2	Normal	Not Recorded	N/A	3.0/5	Lacerations on face, arms, legs have all healed will. All limbs work normally. Animal has some decreased lip mobility on right side. Rehome 14B
191007y1002	10/30/2019	8.50	Smoo h	Not Recorded	Good	Normal	124	44		N/R	Med Pink	<2	Normal	Not Recorded	N/A	2.5-3.0/5	right arm healing, s(swollen from previous bandage), bandage right hand laceration.

191007y1002	10/24/2019	7.75	Smoo h	Not Recorded	Good	Normal	120	44		N/R	Pink	2	Normal	Not Recorded	N/A	3.0-3.5/5	No sign of infection Returned to Clinic after fight trauma. RS to evaluate home. Laceration in cheek and thigh
191007y1002	10/22/2019	8.20	Smoo h	Not Recorded	Good	Normal	160	28		N/R	Lt Pink	<2	Normal	Not Recorded	N/A	3.0/5	Weight gain; wound under right arm (axillary region) is dry, nearly healed. NHP will be returned to group tomorrow.
191007y1002	10/21/2019	NW	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded		N/R	Not Recorded	Not Recorded	Not Recorded	Not Recorded	N/A	N/R	
191007y1002	10/14/2019	7.90	Smoo h	Not Recorded	Good	Normal	160	36		N/R	Pink	<2	Normal	Not Recorded	N/A	2.5/5	UNDER ARM WOUND IS GRANULATING AND HEALING WELL
191007y1002	10/7/2019	8.03	Smoo h	Not Recorded	Good	Normal	Not Recorded	36		N/R	Pink	2	Normal	Not Recorded	N/A	3.5/5	WOUNDS UNDER RIGHT ARM- OLD
170801y1001	8/8/2017	5.30	Smoo h	Not Recorded	Good	Normal-thin	176	40		N/R	Pink	<2	Normal	Not Recorded	N/A	2.5/5	TRAUMA ON L SIDE OF HEAD AND LACERATIONS ON RIGHT SHOULDER, LEFT SIDE OF NECK ARE ALL HEALED. SUTURES WERE REMOVED.
170801y1001	8/1/2017	5.25	Smooth/Alopecia-overgrooming	Not Recorded	Good	Normal-thin	200	32		N/R	Lt Pink	2 sec	Normal	Not Recorded	N/A	2.5-3.0/5	Trauma- Large laceration on L side of neck, 6 small lacerations on R shoulder
160628Y1005	6/28/2016	4.37	Smoo h	Not Recorded	Good	Normal	152	40		N/R	Pink	<2	Gaseous bowel	Not Recorded	Not Recorded	2.5-3.0/5	DRAINING TRACT BY LEFT EYE

Exhibit 27

[REDACTED]

From: [REDACTED]
Sent: Wednesday, April 7, 2021 2:21 PM
To: drgierbolini@alphagenesisinc.com; dreric@alphagenesisinc.com; Ryan Mistretta
Cc: [REDACTED]@alphagenesisinc.com
Subject: RE: FYI 062450 Tail deglove female RTG

I just want to make you aware that we should honestly prepare for possible rejection not only due to the extended time out of group but prior to that "event". I was monitoring her due to the group having random spikes of aggression towards her specifically. We can plan this for when I'm finished with tagging in the morning, so I can be there upon return, I would like the tech to have nets available just in case.

Thanks. Glad she is all healed up !

From: drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Sent: Wednesday, April 7, 2021 2:12 PM
To: dreric@alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: [REDACTED]@alphagenesisinc.com
Subject: RE: FYI 062450 Tail deglove female RTG

Those are great news! Thanks!

From: dreric@alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Wednesday, April 7, 2021 2:10 PM
To: [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: [REDACTED] drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Subject: FYI 062450 Tail deglove female RTG

FYI 062450 the tail degloving incident female from FC03A is finally heading home after nearly two months of hospitalization. She has healed well!
She is scheduled to go home tomorrow morning with Behavior watching due to the long time away from home.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190
843-589-5290 (fax)
www.AlphaGenesisInc.com



PRIMATE INFORMATION

ID Number MF4013M Previous ID / Tag # None Dye Mark RU1 Sex Male Birthdate 12/4/2001 Project # 75000 Age 18y 0m 12d Current Location Died Home Location COR02 Animal Use Protocol # Client AGI	Site Died Natal Location China Dam Unknown Sire Unknown Breeder Genus Macaca Species fascicularis Stock Chinese Origin China Blood Type Status Died Status Date 12/16/2019 Research Status Non-Naïve	HBV N SRV N SIV N STLV N Measles Ab P Weight 7.92 Kg Weight Date 12/16/2019 Chronic Condition	Date Received 9/2/2005 Previous Institution Charles River Laboratories CITES Number 2004CN/EC0757/BJ In Country Date 10/22/2004 Exporter Pharmaneer Clinical Solutions Importer Guangxi Grandforest Scientific CDC Importer Group Identifier None
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Print Prelim Physical Exam Form

Print Prelim Clinical Exam Form

Print Prelim Necropsy Form

Fill Out/Print Animal Status Change Form

Notes None

LOCATION EVENTS	PROJECT EVENTS	SOCIAL EVENTS Add Event								
EVENT DATE	CURRENT LOCATION	HOME LOCATION	REASON	INITIALS	EVENT DATE	PROJECT	REASON	EVENT DATE	HOUSING TYPE	SOCIAL PARTNER
12/16/2019	Died	Died	Died	EG	9/2/2005	75000	New arrival	No Events Recorded		
10/21/2015	COR02	COR02	Group relocation	NB						
11/2/2010	27GH00	27GH00	Group relocation	BJR						
6/4/2010	COR10A	COR10A	Group relocation	BJR						
1/29/2009	FC01B	N/A	Return to group/Home Loc	JE						
1/15/2009	30A20	N/A	Medical	DG						
12/16/2008	FC01B	FC01B	Group forma ion	KC						
10/2/2007	23A00	23A00	Reorganizing building(s)	BLH						
12/14/2006	21A00	21A00	Relocation	JT						
6/15/2006	06E04	N/A	Temporary relocation	KEC						
3/10/2006	23L00	23L00	Reassignment/New group	AS						
1/24/2006	23J02	23J02	Relocation	KB						
11/18/2005	18D15/16	18D15/16	Relocation	KB						
11/16/2005	24J03/04	24J03/04	Pair housing	KB						
9/2/2005	24C09	24C09	New arrival	TC						

CURRENT HOUSEMATES (DIED)							
ID NUMBER	HOME LOCATION	SEX	AGE	BIRTHDATE	WEIGHT	PROJECT	CLIENT

CORRAL MATES NOT AT HOME LOCATION (COR02)							
ID NUMBER	CURRENT LOCATION	HOME LOCATION	SEX	AGE	BIRTHDATE	WEIGHT	PROJECT CLIENT

MEDICAL CASES Add Medical Case											
CASE NUMBER	CLINIC	CHECK IN	CHECK IN WEIGHT	TX LOCATION	INITIAL DX	DISPOSITION DATE	FINAL DISPOSITION	DISPOSITION BY	PREVIOUS WEIGHT	PREVIOUS WEIGHT DATE	EXPORT DATE
191216Y1001	Y1		NW		Lameness	12/16/2019	Euthanized	JD	8.58	10/30/2018	12/16/2019

MEDICAL EXAMS

MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
191216Y1001	12/16/2019	7.92	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded		N/R	Not Recorded	Not Recorded	Not Recorded	Not Recorded	N/A	3.0/5	Animal was sent from processing after catching, unable to use both legs acutely. Vocalizing in pain and hunched over. Radiographs revealed a stair step at L3/L4 which was the cause for the acute paralysis. Opted for human euthanasia

PHYSICAL EXAMS

DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	FACIAL ABSCESSES	MOUTH	MUCOUS MEMBRANE COLOR	CRT	DENTITION	CALC	ORAL LESIONS	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	OTHER	BCS	OVERALL	EXAMINER
10/30/2018	8.58	Smoo h	Normal	Good	Normal	130	40	All	Normal	None	WNL	Pink	<1	Good	Minimal	None	Normal	Normal	N/A	None	3/5	Good	NB
2/16/2018	7.77	Smoo h	Normal	Good	Normal	140	50	All	Normal	None	WNL	Pink	<1	Good	Minimal	None	Normal	Normal	N/A	Missing 1/4 of tail.	3/5	Good	AF
3/24/2016	7.06	Smoo h	Normal	Good	Normal	150	30	All	Normal	None	WNL	Pink	<2	Good	Minimal	None	Normal	Normal	N/A	Full tail.	3/5	Excellent	NB
10/21/2015	7.13	Smoo h	Normal	Good	Normal	130	40	All	Normal	None	WNL	Pink	<2	Good	Minimal	None	Normal	Normal	N/A	Missing 1/2 of tail.	3/5	Excellent	AF
12/16/2014	7.09	Smoo h	Normal	Good	Normal	140	70	All	Normal	None	WNL	Pink	<2	Good	Minimal	None	Normal	Normal	N/A	Missing 1/2 of tail and tar on teeth.	3/5	Excellent	AF
7/31/2013	7.25	Smoo h	Normal	Good	Normal	120	50	All	Normal	None	WNL	Pink	<2	Good	Minimal	None	Normal	Normal	N/A	None	3/5	Good	OD
3/24/2011	6.12	Smoo h	Normal	Good	Normal	180	50	All	Normal	None	WNL	Pink	<2	Good	Minimal	None	Normal	Normal	N/A	None	3/5	Excellent	CW
2/23/2009	6.27	Smoo h	Normal	Good	Normal			N/R	N/R	No	N/A	N/A	N/A	Good	Minimal	No	Normal	N/A	N/A	None	2.5/5	Excellent	BH

WEIGHT HISTORY

DATE	WEIGHT	SOURCE	DATE	WEIGHT	SOURCE
12/16/2019	7.92	MedicalExams	3/24/2011	6.12	PhysicalExams
12/16/2019	7.92	NecropsyReports	9/20/2010	6.81	Processings
10/30/2018	8.58	PhysicalExams	7/20/2010	7.76	Processings
10/30/2018	8.58	Processings	2/5/2010	6.14	Processings
2/16/2018	7.77	Processings	12/23/2009	6.25	Processings
2/16/2018	7.77	PhysicalExams	12/9/2009	6.71	Processings
7/3/2017	8.01	Processings	7/7/2009	6.84	Processings
10/25/2016	8.76	Processings	2/23/2009	6.27	Processings
3/24/2016	7.06	Processings	2/23/2009	6.27	PhysicalExams
3/24/2016	7.06	PhysicalExams	7/10/2007	4.30	Processings
10/21/2015	7.13	PhysicalExams	3/8/2007	4.15	Processings
10/21/2015	7.13	Processings	1/25/2007	4.06	Processings

4/17/2015	7.01	Processings
12/16/2014	7.09	PhysicalExams
12/16/2014	7.09	Processings
3/7/2014	7.30	Processings
7/31/2013	7.25	Processings
7/31/2013	7.25	PhysicalExams
4/12/2012	6.52	Processings
2/22/2012	6.31	Processings
7/1/2011	6.57	Processings
3/24/2011	6.12	Processings

11/7/2006	3.50	Processings
10/9/2006	3.62	Processings
4/4/2006	3.45	Processings
3/9/2006	3.25	Processings
10/20/2005	2.60	Processings
9/20/2005	2.62	Processings

TB TESTS

DATE	TB IN ECTION SITE	TB TEST RESULT	TUBERCULIN TYPE
10/ 0/2018	Left Eye	0	Mammalian
2/16/2018	Right Eye	0	Mammalian
7/3/2017	Left Eye	0	Mammalian
10/25/2016	Right Eye	0	Mammalian
10/21/2015	Left Eye	0	Mammalian
4/17/2015	Right Eye	0	Mammalian
12/16/2014	Right Eye	0	Mammalian
3/7/2014	Left Eye	0	Mammalian
7/31/2013	Right Eye	0	Mammalian
4/12/2012	Left Eye	0	Mammalian
2/22/2012	Left Eye	0	Mammalian
7/1/2011	Left Eye	0	Mammalian
3/24/2011	Right Eye	0	Mammalian
9/20/2010	Right Eye	0	Mammalian
7/20/2010	Right Eye	0	Mammalian
2/5/2010	Right Eye	0	Mammalian
12/23/2009	Right Eye	0	Mammalian
12/9/2009	Left Eye	0	Mammalian
7/7/2009	Right Eye	0	Mammalian
2/23/2009	Left Eye	0	Mammalian
10/20/2005	Left Eye	0	Mammalian
10/5/2005	Right Eye	0	Mammalian
9/20/2005	Left Eye	0	Mammalian

ANTI PARASITIC

DATE	NAME
10/30/2018	Ivermectin
2/16/2018	Ivermectin
7/3/2017	Ivermectin
10/25/2016	Ivermectin
3/24/2016	Ivermectin
10/21/2015	Ivermectin
4/17/2015	Ivermectin
12/16/2014	Ivermectin
3/7/2014	Ivermectin
7/31/2013	Ivermectin
2/22/2012	Ivermectin
3/24/2011	Ivermectin
7/20/2010	Ivermectin
2/23/2009	Ivermectin + Droncit
10/20/2005	Fenbendazole x 3 days + Ivermectin

VAX

DATE	NAME	Type
2/16/2018	Imrab3 1.0 ml IM	Rabies
2/16/2018	TetGuard 0.5 ml IM	Tetanus
4/17/2015	Imrab3 1.0 ml IM	Rabies
3/7/2014	Imrab3 1.0 ml IM	Rabies
3/7/2014	TetGuard 0.5 ml IM	Tetanus
7/31/2013	Vanguard DM 1.0 ml M	Measles
7/20/2010	TetGuard 0.5 ml IM	Tetanus
7/20/2010	Imrab3 1.0 ml IM	Rabies
2/23/2009	Imrab3 1.0 ml IM	Rabies
2/23/2009	TetGuard 0.5 ml IM	Tetanus

BIOLOGICS SAMPLING

DATE
10/30/2018
2/16/2018
7/3/2017
10/25/2016
3/24/2016
10/21/2015
12/16/2014
3/7/2014
7/31/2013
4/12/2012
2/22/2012
3/24/2011
7/20/2010
7/7/2009
2/23/2009
7/10/2007

[+] LABS CBC

[+] LABS - CHEM

[+] FECAL ANALYSIS

[+] ANTIGEN DIAGNOSTIC TESTING

SOCIAL EXEMPTIONS

Add Exemption

DUE DATE	START DATE	END DATE	REASON	EXPLANATION	INITIALS	STATUS	TYPE	APPROVAL DATE	AV INITIALS	APPROVAL
No Exemptions Requested										

No Exemptions Requested

Approve

Select All

NIAID TYPING HISTORY

TEST TYPE	SAMPLE DATE	TUBE TYPE	LAB	RESULT	RESULT DATE
No Typings Recorded					

NECROPSY REPORT

Alpha Genesis, Inc
 Non-Human Primate Necropsy Report
 98 CF492 02/98 7/19/2023 10 58 07 AM

ID Number MF4013M Post Mortem # 19- 72
 Delivered By: EG Death Date: 12/16/2019

Project 75000 Sex Male Species fascicularis Birthdate 12/4/2001 Necropsy Date/Time 12/16/2019
 Dam: Unknown Home Location: COR02 Death Location Clinic Weight: 7.92 Necropsy Weight: 7.92
 Circumstances Euthanized Origin China
 Historic Clinical Signs: Presented to clinic unable to use legs; radiograph revealed luxated vertebrae at L3/L4. Elected for humane eu hanasia.
 Anitbiotic administration in the last 48 hrs?

FINDINGS ("N" FOR NORMAL, "ABN" FOR ABNORMAL AND "NE" FOR NOT EXAMINED)

Skin:	Eyes:	Peritoneal Cavity:	GI Tract/Mesenteric Nodes:
Kidneys	Adrenals	Spleen	Pancreas
Liver:	Gallbladder:	Urinary Bladder:	Uterus/Gonads:
Pleural Cavity	Thymus	Upper Respiratory	Lungs/Hilar Nodes
Thyroid:	Heart/Major Vessels:		

COMMENTS ON FINDINGS AND MISCELLANEOUS OBSERVATIONS

BCS: 3.5/5. Hematoma over lumbar spine; L3/L4 fractured at articulation and luxated; spinal cord exposed and herniated out of canal. Remaining issues appear within normal limits.

LABORATORY

Urinalysis (Lab Stix)
 Culture/Gram Stain:
 Serology
 Chemistry:
 Hematology
 Tissue:

Sent To:

Summary/Dx: Euthanasia spinal fracture/luxation at articulation L3/L4

Prosector Name: Eric Granato, DVM

DISPOSITION REPORT[Add Disposition Report](#)**HISTOPATHOLOGY REPORT**

Exhibit 28

[REDACTED]

From: [REDACTED]
Sent: Sunday, August 14, 2022 6:53 PM
To: drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; dreric@alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: weekend update

Hi all. Here is what happened this weekend:

HPC:

Sat

H45K was pulled for NU and swollen and irritated left hand. Started on Carprofen and Baytril. She is in F11.

There was a group of escapes from HB08 from a hole in the fencing. The hole has since been patched. 5 juvies and 3 infants got out. The infants were recaptured on Sat.

Sun

R494 was pulled for thin BCS, SE, and MT and is in C01. Started tylosin and LRS.

L032 was pulled from HPC12A (the correct group) for female-induced trauma. Her BUN was elevated so she had IV fluids today. Behavior was notified.

R843, the patient in E15 was hunched, hypothermic, and once again dehydrated. Since this NHP has been responding poorly to treatment, I had him euthanized and took samples for histopathology.

Two of the escaped juvies from HB08 were caught today as of this email and 3 are still out. [REDACTED] and [REDACTED] have been monitoring the situation and coordinating recapture efforts.

YPC

Sat

Outpatient MC4 has had a distended gassy abdomen with normal stool. She was started on Gas-X.

EC1558 came up positive for hookworms. [REDACTED] said you typically do a succession of Panacur to Pyrantel to Ivermectin for those? I authorized that treatment plan since I have heard it being used before, but I am curious as to why you use so many dewormers just for hookworms? We usually just do 3 days of Panacur and recheck the fecal.

CN61 was pulled to 26 for dehydration and bloody stool. She got IV fluids and started on Baytril.

DL7V was slow moving after having a newborn and was a bit dehydrated. She was given some fluids and a uterine flush and is in clinic 26.

Sun

DHTP and FH9J from 24A07/08 were examined as outpatients for several days of diarrhea. Labwork was done and they are on Pepto. They look otherwise healthy.

[REDACTED]

CN61 had improving dehydration and low potassium and was given a smaller amount of IV fluids and some SQ diluted KCl.

DL7V had a lot of vaginal discharge and poor-fair lactation, so I had her started on Baytril and given oxytocin along with some meloxicam in case of painful contractions. Her iSTAT was good and she was alert and holding her infant appropriately.

The infant S796 in 30B-28 was reported dry and clinging to the dam early this morning but was soaked and not clinging when I looked later. Apparently, this has been an ongoing problem? The dam was holding the infant and was completely dry herself. I caught [REDACTED] returning from lunch and she said she would dry the infant off again, but it doesn't sound like a terrific overall situation for this infant...

AC tech [REDACTED] was bitten by J383 in 30A while cleaning her cage. He scrubbed and was sent to the lab, and I took exposure samples from the NHP. She was apparently set to RTG tomorrow so that is unfortunate...

Also, [REDACTED] was stuck behind the closed gate trying to leave and apparently no one from security was there to let her out (there was just one person and he didn't have a remote). I had her call Paula since I didn't know who else to contact. Hopefully this is not a recurring issue for techs leaving late...

Exhibit 29

[REDACTED]

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Friday, July 22, 2022 10:02 AM

To: [REDACTED]; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: [REDACTED]

Subject: RE: COR03B Hotwire

I would think the voltage should be even all around but if there are knots or something is it possible to have a weak point but still be testing strong where we are testing it?

Sent from [Mail](#) for Windows

From: [REDACTED]

Sent: Friday, July 22, 2022 9:58 AM

To: dreric@alphagenesisinc.com; drgierbolini@alphagenesisinc.com; [Ryan Mistretta](mailto:ryan@alphagenesisinc.com)

Cc: [REDACTED]

Subject: Re: COR03B Hotwire

I believe in corral 3 it's a constant live wire where other ones we have are pulsating on 3 second intervals.

Get [Outlook for iOS](#)

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Friday, July 22, 2022 9:48:48 AM

To: [REDACTED]; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: [REDACTED]

Subject: RE: COR03B Hotwire

It is on, I was told the juvie is able to grab it and climb over it.

Is it possible the voltage is variable at different points? Or it is only on intermittently?

Sent from [Mail](#) for Windows

From: [REDACTED]

Sent: Friday, July 22, 2022 9:41 AM

To: dreric@alphagenesisinc.com; drgierbolini@alphagenesisinc.com; [Ryan Mistretta](mailto:ryan@alphagenesisinc.com)

Cc: [REDACTED]

Subject: RE: COR03B Hotwire

Hot Wire is Hot at 6,00 volts. It was working what I was told.

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Friday, July 22, 2022 7:53 AM

To: [REDACTED]; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: [REDACTED]

Subject: COR03B Hotwire

Good morning

Hey [REDACTED] can you have someone turn up the voltage of the hotwire and grease the corners of the coral and the wall where the obs tower is.

For the past two days when the vet techs go in for pulls the juvies are able to flee the coral and touch the hotwire without it being strong enough to be deterred. The hot wire is on but it is not doing what it needs to.

Thanks

Exhibit 30

[REDACTED]

FW: R768 chronic escapee found in neighboring location.

[REDACTED]

[REDACTED]

[REDACTED]

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>
Sent: Wednesday, July 13, 2022 12:20 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: [REDACTED]
Subject: R768 chronic escapee found in neighboring location.

Good Afternoon

Today in clinic 26 we had R768 come in for being slightly sunken eyed. They are not too bad and have been pulled a few times for being chronically sunken eyed. They are at their highest weight of 1.31 but just look SSE and rough coat. They were pulled from 10FGH but belong in 10IJ. They have no injuries. Maybe they look rough due to being low ranking in the neighboring group.

They were last moved on 4/20/2022. AG is on the paperwork but looking back on the schedule I was training [REDACTED] that day and we did the return together. I do have a memory of us putting away a juvie in 10IJ and the juvie popping through the chain-link roof of the outdoor area so we specifically put R768 on the chronic monitor board. I think she is the same Chronic escapee out of 10IJ everyone had been aware of. There are some ipad notes about an 10IJ escapee

So essentially she is fine and I think this is a case of a small NHP getting out and going into a neighboring location at some point. Not an instance of being put in the wrong spot 3 months ago. I am not sure when she ended up in FGH and stopped getting out, it seems to have been a while since anyone called.

My plan is to bulk her up in clinic and get a tattoo, she only has a ear tag and has been renamed once already. Ryan I am assuming she is okay to go back and just be a higher monitor?

Thanks

[REDACTED]




 [REDACTED]
 [REDACTED]
 [REDACTED]

Exhibit 31



ANIMAL ESCAPE INCIDENT FORM

Date: 3/23/22

Animal Information:


ID: 090385
Species: mulatta
Location: 26
Project: 80000

Reporter of Escape: 

Reason for Escape: Case pan between cages 26-11: 26-13
not secured. Case 11 was empty; case door open,
allowing NHP access to animal room.

Details of Catching Animal and Personnel Involved:

NHP climbed into another open cage and the doors
were able to be secured.

 AC was called.

****This form should be completed and turned in to the CEO same day as escape incident.****

Exhibit 32

[REDACTED]

From: drgierbolini alphagenesisinc.com
Sent: Friday, February 4, 2022 4:35 PM
To: [REDACTED]; melissa alphagenesisinc.com
Subject: Re: Incident report P379

I am copying Melissa so she aware since the monkey is client owned. I will also ask [REDACTED] for an incident report.

Keep is updated. Thanks!

Dr. Lynette

Get [Outlook for iOS](#)

From: [REDACTED]
Sent: Friday, February 4, 2022 3:29 PM
To: drgierbolini alphagenesisinc.com
Subject: Incident report P379

I can write you up an official report Mon but just wanted to get this done before I left so I didn't get side tracked.

So this little guy is a known escape artist from Cor 5B. Apparently he was on top of the backup and thry couldn't run him back in, so he was darted, with of course way too much ketamine. The dart hit his upper right arm and it is now shattered. He is going to require an arm amputation due to the severity of the comminuted fracture. I have his arm bandaged to his body for now with lots of pain medication. Im not sure how long he had been out or why he had to be rushed instead of giving him time to go back in, but the damage he sustained is just not worth it and makes no sense to me to cause this much trauma to him. We have a tech that will be staying late until he can at least become responsive and then decide when we can deal with his amputation on Monday.

ANIMAL INFORMATION

ID Number P379	Site YPC	HBV N	Date Received
Previous ID / Tag # None	Natal Location COR05B	SRV N	Previous Institution
Dye Mark LFT - =	Dam FD3N	SIV N	CITES Number
Sex Female	Sire FD2T / 36918 / 987181	STLV N	In Country Date
Birthdate 4/11/2020	Breeder	Measles Ab N	Exporter
Project # 75000		Weight 1.80	Importer
Current Location COR05B	Genus Macaca	Weight Date 1/31/2022	CDC Importer
Home Location COR05B	Species fascicularis		
Animal Use Protocol #	Stock Chinese		
Client AGI/NBRNov	Origin USA-AGI		Group Identifier
	Blood Type		
	Status Sales	Print Prelim Physical Exam F	
	Status Date 4/11/2020	Print Prelim Clinical Exam F	
	Research Status Naïve	Print Prelim Necropsy F	

Thanks!



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MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
220204Y07	3/4/2022	1.77	Smooth		Good	Normal	140	60	RA amputated		Pink	<2	Normal		N/A	2.5/5	surgery incision mostly healed
220204Y07	2/18/2022	1.79	Smooth		Good	Normal	140	48			Pink	<2	Normal		N/A	2.5/5	sutures intact, incision site healing. Removed scabs from incision site and prepped with alcohol and betadine then applied vetericycyn. R eye appears healthy. Removed a large scab from R eye lid. Applie neopolybac to R eye and R eye lid.
220204Y07	2/11/2022	1.79	Smooth		Good	Normal	156	52			Pink	<2	Normal		NPg	2.0/5	Sutures in tact in Right shoulder. Wound healing well, scabbed in most areas. No swelling. Right eye is 50% open, healing well. Applied Neo Poly Bac.
220204Y07	2/4/2022	1.81	Smooth		Good	Normal	110	50			Pink	<2	Normal		NPg	2.5/5	NHP ESCAPED FROM HOME LOCATION, DARTED ON R SIDE OF CHEST/SHOULDER. UPPER ARM (SITE OF DART) INFLAMMED W/ HUMERUS BREAK
220114Y10	1/20/2022	1.90	Smooth		Good	Normal	130	80			Pink	<2	Normal		NPg	2.5/5	All superficia wounds scabbed over. Scar tissue present on superficial lacerations sutured. 2 wounds outer thigh: left side healing and scabbed over. Right side granulation tissue present, still open.
220114Y10	1/14/2022	1.86	Smooth		Good	Normal	160	60			Pink	<2	Normal		N/A	2.5/5	NUMEROUS SCABS ON FACE & EXTREMITIES OF DIFFERENT STAGE OF HEALING, BRUISE IN THE RIGHT AXILLARY AREA; RIGHT LEG

211111Y03	12/6/2021	1.73	Smooth	Good	Normal	150	30		Pink	< 2	Normal	NPg	2.5/5	FIRM SWELLING OF CRANIAL/ MEDIAL AREA, SEROSANGINOUS FLUID FROM. 2 CM LACERATION WITH SCAR TISSUE ON RIGHT HIP, SQ POCKETING COMMUNICATING WITH MEDIAL SWELLING. INCISED MEDIAL AREA & FEMALE BITE TRAUMA TO THE MUSCLE. LEFT HIP 2 1 CM WOUNDS.
211111Y03	11/29/2021	1.75	Smooth	Good	Normal	144	36		Pink	<2	Normal	N/A	2.5/5	Previous trauma to elbows has healed. Consult behavior about RTG (as animal was pulled from wrong home location - possibly jumped over hot wire).
211111Y03	11/23/2021	1.82	Smooth	Good	Normal	120	20		Lt Pink	<2	Normal	N/A	3.0/5	Both arms healing well bandage removed. Elbow range of motion normal.
211111Y03	11/18/2021	1.82	Smooth	Good	Normal	176	48		Pink	<2	Normal	NPg	2.5-3.0/5	LEFT ARM HEALING WELL, NO SWELLING OR REDNESS, NO FLUID COMING OUT TISSUE HEALING WELL WITH SIGNS OF NEW TISSUE AND SUROSE FLUID
211111Y03	11/11/2021	1.68	Smooth	Good	Normal	180	32		Med Pink	< 2	Normal	NPg	2.5/5	Right elbow wound superficial in healing, sprayed w/ Vetericyn. Left arm wound rebandaged. Using both arms well. 80% range of motion in both arms.
														Crush trauma to both elbows, brow ridge, and upper lip. 50% extension of left arm. 75% extension of right arm. Both elbows very firm and swollen (worse on

left), NHP found in Cor4A, but listed in system as being in Cor5B. AV notified.

Exhibit 33

[REDACTED]

From: Ryan Mistretta
Sent: Thursday, March 11, 2021 7:01 AM
To: dreric alphagenesisinc.com; drgierbolini alphagenesisinc.com; [REDACTED]
Cc: William Rinaldi
Subject: RE: Bld 10 code x juvies

We are aware of those couple of small NHPs. Currently we do not have their IDs and based on their sizes (and ease at which they can pass through the fence), they may be on the younger side regarding pulling them and placing them in 30A for boarding. We will keep an eye on them and if the situation escalates any further, like the situation in FC26, we will try and get them out. We also have an individual in FC17 that historically does the same behavior. Its also likely that we will have additional young juveniles around campus that will start doing this behavior also. I have already informed Dr. Greg about the situation and currently there is no real good solution for this other then keep an eye on them and monitoring the concern level. We also only have so many boarding spaces that we can utilize and immediately pulling the animals (and either a buddy or their mom) as part of the program is currently not a feasible option.

Ryan

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>
Sent: Wednesday, March 10, 2021 4:48 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]; [REDACTED]; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Cc: William Rinaldi <william@alphagenesisinc.com>
Subject: Re: Bld 10 code x juvies

Thanks for the update. They do seem to be getting out more often. If they can be identified we could hold them in 30A near the other to escapees from FC25 till their heads get bigger.

Dr. Eric Granato, DVM, MLAM.
Clinical Veterinarian YPC
866.789.MONK (6665)
843-589-5190 (office)
843-589-5290 (fax)
www.AlphaGenesisInc.com

[REDACTED]

From: [REDACTED]
Sent: Wednesday, March 10, 2021 4:45:29 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; dreric alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED]; Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: William Rinaldi <william@alphagenesisinc.com>
Subject: Bld 10 code x juvies

Hello,

We got another call this afternoon from one of the maintenance men about the two juvies in bld10IJ who can squeeze in and out. They have done this at least once today already and had gone back in. The concern was them doing this so late, as this is about the time the hawks come around the area. By the time I came over one of them had already gone back in, and the other did so after a few minutes of watching him. Just wanted to pass on that they have done this several times this afternoon, let alone how often they have been doing it recently. Especially since there have been 4 adult hawks showing up with more regularity.

I know previously, the juvies who were repeat offenders would be pulled and brought to either a clinic or to 14b for some time until they were too big to fit through the fencing. I don't know how feasible that is with space or if their IDs are known. Whatever is decided, would someone be able to let the lab know as well? We are going to try to keep a closer eye on them in the afternoons. If nothing else, our presence should keep the hawks from their proximity, they don't stick around if people are near.

Thank you,



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[OBJ]

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www.Facebook.com/AlphaGenesis

Please consider the environment before printing this e-mail.

Exhibit 34

[REDACTED]

From: [REDACTED]
Sent: Sunday, August 7, 2022 3:30 PM
To: dreric.alphagenesisinc.com; [REDACTED]
[REDACTED]; drgierbolini.alphagenesisinc.com
Subject: Re: Weekend Update

Late update for HPC: R242 did not recover from sedation & treatment & was humanely euthanized.

From: [REDACTED]
Sent: Sunday, August 7, 2022 2:36 PM
To: dreric.alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED]
[REDACTED]; drgierbolini.alphagenesisinc.com
<drgierbolini@alphagenesisinc.com>
Subject: Weekend Update

Sat:
HPC: S426 (Dam H712) Partially degloved left thigh. Bandaged & started meds. They're in F14.

YPC:
23748- Pulled for NU, superficial wounds found, RTG 21F with Meloxicam on board.

C0507166- Diarrhea & Dehydrated, 3rd trimester pregnant. Started IV fluids & Abx.

New OP add: AZ89 in 16J06 was down in her cage. Severely dehydrated, diarrhea, and mensing. Started IV fluids, Baytril, Pain meds. Will need vet review on Monday to palpate abdomen, responded well to Tx over weekend.

Sun:
HPC:
R242- was found locked in the backup of home location by himself with no food access. Diarrhea, dehydrated, and hypothermic. Was hyperkalemic on istat, hopefully just artifact since there was no 0.9% NaCl to give. [REDACTED] will file incident report. In 11A13.

K792- Right antebrachium laceration. Cleaned, sutured, meds. In 11F19/20.

H13A (w/ infant)- Left elbow laceration. Cleaned & bandaged, meds. In 11C15.

R244- Lethargic, thin, diarrhea. Meds started, in 11A02.

YPC:
A07723- Hand laceration & older elbow wound. Kept in 30 A for further eval tomorrow & meds.

P623- Weight loss diarrhea, dehydration.

Have a good week!

Alpha Genesis

95 Castle Hall Rd, Yemassee, SC, 29945, USA

Received
1/5/2023Reported
1/16/2023Accession#
NYBC06297787Pet Name
R242Owner
AgiSpecies
Primate

Breed

Sex
FAge
2YChart#
N

Necropsy Report -

Circumstances: Found down and hypothermic in home location. Brought to clinic for treatment, hyperkalemia and azotemia found on blood work. Heat therapy was given but animal could not maintain normal temperature. Animal was not recovering from sedation and not responding to treatment. Humane euthanasia was approved by on-call vet.

Skin: Mild bruising to left leg.

Eyes: Sunken.

Peritoneal cavity: Normal.

GI tract/mesenteric lymph nodes: Bile in GI tract, grit in cecum and colon.

Kidneys: Right 6g, left 5.5g, normal appearance.

Adrenals: Normal.

Spleen: Normal.

Pancreas: Normal.

Liver: Normal.

Gallbladder: Normal.

Urinary bladder: Normal.

Uterus/gonads: Normal.

Pleural cavity: Normal.

Thymus: Normal.

Upper respiratory: Normal.

Lungs/hilar nodes: Normal.

Thyroid: Normal.

Heart/major vessels: Heart 21g, LV free wall 4 mm, RV free wall 1 mm, O-I ratio 2.25.

Musculoskeletal: BCS 2.5/5, mild bruising to left leg.

Summary/Dx: Euthanasia - pending histopathology results.

Received: Twelve necropsy tissues - all processed.

SOURCE:

As above.

Description:

The small and large intestine have diffuse mucosal inflammation which is mostly plasmacytic. Cystic mucosal glands contain mucus. In some segments of the mucosa inflammation has displaced normal distribution of glands. In the small intestine mixed bacteria, mostly small rods, are seen in luminal mucus.

The heart, spleen, liver, kidneys, lung and stomach have no significant changes.

Microscopic findings: Chronic enteritis, small and large intestine.

Alpha Genesis

95 Castle Hall Rd, Yemassee, SC, 29945, USA

Received
1/5/2023Reported
1/16/2023Accession#
NYBC06297787**Comment:**

Chronic enteritis with this morphologic presentation is generally associated with low-grade chronic bacterial infections or bacterial overgrowth. Other factors including stress, and nutrition may be involved.

PATHOLOGIST:

Veterinarians, if you would like to discuss this case please call 803-492-3074. If I am unavailable, please call Customer Service at 1-800-872-1001

To view an interactive version of this report, please go to Antech Online where you can find high quality histopathology images from this case embedded in the report. These images can be viewed in our Antech Online Viewer, saved, or downloaded with a pdf version of the report

Antech Customer Support - 800.872.1001

Monday through Friday from 8AM to Midnight eastern time / 5AM to 9PM pacific time.

Saturday from 8AM to 8PM eastern time / 5AM to 5PM pacific time.

Sundays from 9AM to 6PM eastern time / 6AM to 3PM pacific time.

Exhibit 35

Alpha Genesis Inc
Standard Operating Procedure

SOP Title:	REPORTING INCIDENTS OF CONCERN	SOP Number: AC54
Effective Date:	March 21, 2019	Revision #:

Attachment 54A

Page 4 of 4



ANIMAL INCIDENT FORM

Date: 7/28/22

Animal Information:

ID: G17W
Species: Fascicularis
Location: COR 05A
Project: 75000

Reporter: [REDACTED]

Reason: Tongue severed at the base, the caudal part of the frenulum. Approx 75% loss of tongue. Occurred in home location (COR 05A) Guarded prognosis to survive.

Details of Incident Circumstances, Animal and Personnel Involved:

NHP was pulled from group for being slow moving. On exam blood was noted on her face and tongue found to be severed. VT went back to COR 05A to look for cause of trauma and found multiple areas of blood but no sharp edges or holes. Ryan was notified as he went and evaluated the area. He noted an area on the middle of the tower where there was a gap between the PVC pipe; pooled blood, indicating the NHP may have stuck tongue in gap and she was unable to pull it back out.

RE: Tongue incident

[REDACTED]

Fri 7/29/2022 11:17 AM

To: William Rinaldi <william@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

FYI I euthanized her this am.

From: William Rinaldi <william@alphagenesisinc.com>

Sent: Thursday, July 28, 2022 1:07 PM

To: [REDACTED]; Ryan Mistretta <ryan@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Subject: RE: Tongue incident

Thank you!

From: [REDACTED]

Sent: Thursday, July 28, 2022 12:32 PM

To: Ryan Mistretta <ryan@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Subject: Tongue incident

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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Exhibit 36

[REDACTED]

From: Ryan Mistretta
Sent: Friday, June 17, 2022 2:07 PM
To: dreric alphagenesisinc.com; drgierbolini alphagenesisinc.com; [REDACTED]
Cc: [REDACTED]
Subject: RE: FYI tongue caught

I also [REDACTED] was trying to socially house this animal in preparation for a possible female swap with animals heading to HPC as part of the NIH sale. Do you know if the animals had grate access? It is very possible that the process of getting them acquainted lead to the injury.

Ryan J. Mistretta, BS RLAT CLABP

Director of Colony Management
Alpha Genesis Inc.
866.789.MONK (6665)
703-927-5294 (cell)
843-589-5290 (fax)
www.AlphaGenesisInc.com



Check out Alpha Genesis on Facebook:
www.Facebook.com/AlphaGenesis

Please consider the environment before printing this e-mail.

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>
Sent: Friday, June 17, 2022 1:58 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Cc: [REDACTED]
Subject: FYI tongue caught

Hey all just an FYI NHP1605666 from 14B11-1 got 2/3 of their tongue ripped of on 6/14. She had a history of finger fighting with the neighbor but looking at the tongue and the blood splatter pattern it appears she got it caught in the from of the cage near the door and ripped it off.

It is a newer cage style but not the same as the last tongue.

She appears to be eating some soft foods today but I have been tube feeding her all week. Her weight has dropped less than 2% and she is hydrated.

my plan for the weekend was they feed her soft foods and leave her by Saturday. Get her out Sunday for weight check and tube feeding.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

866.789.MONK (6665)

843-589-5190

843-589-5290 (fax)

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MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
220719Y11	7/25/2022	4.04	Smooth		Good	Normal	148	48			Pink	<2	Normal		NPg	3.0/5	Hand scabbed over & healing well, small amount of hemorrhage from edges when cleaned.
220719Y11	7/19/2022	2.62	Smooth		Good	Normal	168	52			Lt Pink	<	Normal		NPg	2.5/5	NHP got hand caught in cage resulting in digit trauma on RH-D3,D4 & D5. trauma involoved bone exposure. Digit amps preformed on RH D3,D4,D5 at the P3-MC joint.
220609Y04	7/5/2022	1.09	Smooth		Good	Normal	244	78			Pink	<2	Normal		N/A	3.0/5	Continues to gain weight, tongue healed can RTG
220609Y04	6/28/2022	4.51	Smooth		Good	Thin	140	30			Pink	<2	Normal		NPg	2.5/5	Weight trending back up, appears to be passing stool and eating better
220609Y04	6/24/2022	7.81	Smooth		Good	Normal	184	48			Pink	<2	Normal		Lactating	4.0/5	Tounge wound healed, suture removed. NHP has interst in food and eats some. Weight has dropped 9% since injury if no improvement over next few days euthanize.
220609Y04	6/21/2022	4.23	Smooth		Good	Normal-thin	180	30			Pink	<2	Normal		With Infant	2.0-2.5/5	Tongue healing well, has appeared to be eating past few days, fruti, soft food, some

220609Y04	6/17/2022	4.74	Smooth	Good	Normal	152	60		Pink	<2	Normal	NPg	2.5/5	chow, cups. Food is also in pan so the volume being ingested may be lower. 6% weight loss since injury. If weight continue to decline euthanize. NHP has been passing stool since injury
220609Y04	6/14/2022	4.67	Smooth	Good	Normal	156	44		Pink	<2	Normal	With Infant	3.0/5	Tongue wound healing. NHP appears to be eating some soft foods like, mash, yogurt, softened chow. Less than 2% drop in body weight. Hydrated
220609Y04	6/9/2022	2.56	Smooth	Good	Normal	200	40		Pink	<2	Normal	NPg	2.5/5	Tongue was removed from body by force. Suspect caught in cage due to blood pooling and splattering near door. Rostral 2/3 tongue gone, stump sutured closed
														SOLID DIVIDER OUT OF PLACE BETWEEN NEIGHBOR & NHP. TRAUMA TO LHD5, AMPUTATED TO P3. SUPERFICIAL LACERATION TO L SIDE OF L HAND. SUTURES APPLIED. SOLID DIVIDER

Case ID	Date	Weight	Coat	Condition	Temp	HR	RR	Notes	Color	Capillary	Reflex	Diagnosis	Wound Healing
210823Y02	9/2/2021	3.60	Smooth	Good	Normal-thin	160	48		Pink	<2	Normal	NPg	2.0-2.5/5 SECURED BY AC. WOUND HEALING WELL
210823Y02	8/30/2021	3.63	Smooth	Good	Thin	160	56	Missing P3D3 right hand	Pink	<2	Normal	NPg	2.0-2.5/5 WOUND GRANULATING WELL
210823Y02	8/23/2021	3.36	Smooth	Good	Normal	160	24	Missing P3D3 right hand	Pink	<2	Normal	NPg	2.5/5 NHP was brought to clinic 30A by vet techs for observation of digit (D3) trauma of right hand, specifically P2. Upon further evaluation, proliferative and healthy granulation tissue was present. However, P3 was missing and P2 bone exposure present. Based on the amount of granulation tissue observed, injury probably occurred 7-10 days ago. Granulation tissue cleaned and debrided using #15 scalpel blade. 6 simple interrupted sutures placed using 3-0 monoweb to envelope P2. SSD applied and wound bandaged.
210616Y07	6/16/2021	3.67	Smooth	Good	Normal	180	40		Pink	<2	Normal	NPg	3.0/5 RIGHT ARM STUCK IN CAGE; BRUISING

201207Y01 12/7/2020 3.89 Smooth Good Normal 180 42

Pink 1 Normal

NPg

2.0-2.5/5

AND
SWELLING
PRESENT;
FINGERS
ONRIGHT
HAND ALSO
SWOLLEN.
PULLED FOR
BEHAVIOR
EXAM, SMALL
ABRASION TO
LH D1 - RTG
SAME DAY

Exhibit 37

[REDACTED]

From: melissa alphagenesisinc.com
Sent: Wednesday, January 26, 2022 2:30 PM
To: [REDACTED]; drgierbolini alphagenesisinc.com
Subject: RE: 17-032 injury

OK, thanks for letting me know!

From: [REDACTED]
Sent: Wednesday, January 26, 2022 2:18 PM
To: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Subject: RE: 17-032 injury

I did not see it in the cage, [REDACTED] was involved in cutting the cage to bring him to the clinic. My understanding was it was the bottom of the cage that he got his hand in, it looked like the standard cage bottom and the part that was stuck on his hand did not have any defects. It appeared to me that he had just worked at getting his hand in there. The AC personnel that initially saw it may have more insight.

[REDACTED]

www.AlphaGenesisInc.com

From: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>
Sent: Wednesday, January 26, 2022 2:10 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]
Subject: RE: 17-032 injury

Was this a failure of the cage?

From: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Sent: Wednesday, January 26, 2022 2:09 PM
To: [REDACTED]; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>
Subject: RE: 17-032 injury

Thanks for the update!

From: [REDACTED]
Sent: Wednesday, January 26, 2022 2:04 PM
To: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Subject: 17-032 injury

Just an FYI this NHP got his right hand stuck in the bottom of the cage and the cage had to be cut to free him. His right hand was swollen and he has bruising of the hand as well as some loss of skin from the attempts to slide his hand out. We will be monitoring him this week while giving Meloxicam to make sure there is no permanent damage. They are know in 24G05.

qryMasterSort							
ID Number	Sex	Birthdate	Current Location	Home Location	Project Number	Species	Client
17-032	Male	1/1/2017	24H01	24H01	08000	mulatta	[REDACTED]



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Exhibit 38

[REDACTED]

From: [REDACTED]
Sent: Sunday, September 18, 2022 5:57 PM
To: drgierbolini alphagenesisinc.com; dreric alphagenesisinc.com; [REDACTED]
Subject: Re: Weekend update

[REDACTED] coming in with a very late report.
2 males got together in 9-41, 17C234 with multiple lacerations. 1 deep one on shoulder. He bandaged & will need a Dr assessment tomorrow. The other lacs he was able to close.
He also had 4 nhps for digit amps that were RTG to CTM.

From: [REDACTED]
Sent: Sunday, September 18, 2022 2:31 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: Weekend update

Sat:
HPC: No Pulls

YPC:
CT8A from FC08A was down in home loc. Was a dystocia with a heart murmur, hypothermia, & pale gums. On U/S no fetal HB. Manual extraction attempted, but unsuccessful. Dam was not improving with medical Tx get to Sx, so I humanely euthanized.
P004- NU arm, had infected punctures. Cleaned, bandaged, abx & Nsaid started. In Cage 30A08.
C0805100- Mastitis. Abscess drained, Abx & Nsaid started. In Cage 30A25.

Sun:
HPC: No Pulls

YPC:
D17E - Diarrhea with SE appearance. Not dehydrated on Bloodwork, started Baytril & deworming TX.

[REDACTED]

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MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
220918Y05	10/13/2022	5.64	Smooth		Good	Normal	180	36			Pink	<2	Normal		NPg	3.0/5	Wounds healed using limbs well can RTG
220918Y05	10/6/2022	0.85	Smooth		Good	Normal	236	52			Pink	<2	Normal		NPg	3.0/5	WOUND OR L SHOULDER STILL OPEN, NOT INFECTED, CONTINUING TO GRANULATE. CLEANED WITH BETADINE AND SALINE AND APPLIED VETRYCIN. WOUNDS ON UPPER LIP, R ARM ,AND BACK 95% HEALED, REMOVED SUTURES FOM THESE AREAS. LEFT THE SUTURES IN THE LAC ON L SHOULDER.
220918Y05	9/29/2022	13.30	Smooth		Good	Normal	144	32			Pink	<2	Normal		N/A	3.0/5	Infection cleared, wounds healing and granulating
220918Y05	9/23/2022	13.50	Smooth		Good	Normal	152	24			Pink	<2	Normal		N/A	2.5/5	Wound check, removed some sutures, shoulder wound was re-opened debrided and cleaned out infected tissue, applied wet to dry bandage and changed antibiotic treatment.
220918Y05	9/18/2022	13.50	Smooth		Good	Normal	180	44			Pink	<2	Normal		N/A	3.5/5	NHP BROUGHT TO CLINIC FOR TREATMENT FOR MALE-ENDUCED TRAUMA IN A SINGLE CAGE THAT HAD A CATCH TRAY IMPROPERLY LATCHED. NHP HAD DEEP LACERATIONS ON BOTH SHOULDERS WITH MUSCULAR ENVOLVMENT, SEVERAL WOUNDS ON FACE AND SCALP, AND ON THE BACK. NO DVM PRESENT TODAY, WRAPPEDSHOULDERS WITH HONEY BANDAGE FOR DVM ASSESSMENT

TOMORROW. CLIPP,
CLEANED, AND
SUTURES ALL OTHER
LACERATIONS.

Exhibit 39

Case ID 220828Y02

ID Number 31584

Clinic 1
 Initial DX Trauma
 TX Location 30A
 Check In Date 8/28/2022
 Check In Weight 10.70
 Check In By █
 Final Disposition Discharged
 Disposition Date 9/13/2022
 Disposition By █

Sex Male
 Home Location 09-12-4
 Current Location 09-12-4
 Previous Weight Date 8/3/2022
 Previous Weight 9.91
 Birthdate 5/15/2012
 Dye Mark

EXAMS

#	TYPE	PROBLEMS	DATE	TIME	EXAMINER	WEIGHT	REPRODUCTIVE CONDITION	ABDOMINAL PALPATION	MENTAL STATUS	TEMP	HR	RESPIRATION	CRT	FEMORAL PULSE	HEART SOUNDS	LUNG SOUNDS	HYDRATION DEHYDRATION	MM COLOR	MM MOISTU
3	Exit	Wounds closed and healing well no infection	9/12/2022	09:00	EG/█	10.60	N/A	Normal	BAR/Sedated	10:20	150	30	<3	Strong	Normal	Normal	Good 0%	Pink	Moist
2	Re-evaluation	Laceration on R side of chest became infected and oozed pus. Laceration on L deltoid was also oozing infected pus. Removed sutures from both wounds, cleaned/flused with saline and betadine, and applied a biozide bandage. Overall health is good but weight is down 1.5% since previous exam. Re-weigh next time NHP is out.	9/5/2022	09:00	█	10.54	N/A	Normal	BAR/Sedated	97.4	120	40	<2	Strong	Normal	Normal	Good 0%	Pink	Moist
1	Entrance	GAINED ACCESS TO OTHER NHPS RESULTING IN FIVE 1-2CM LACERATIONS TO THE RIGHT ARM. TRAUMA TO LEFT SHOULDER W/ MUSCLE INVOLVEMENT. LARGE LACERATION TO RIGHT SIDE OF ABDOMEN	8/28/2022	N/A	█	10.70	N/A	Normal	BAR/Sedated	LOW	88	32	<2	Strong			Good 0%%	Lt Pink	Moist

Exhibit 40

[REDACTED]

From: drgierbolini alphagenesisinc.com
Sent: Wednesday, August 24, 2022 11:35 AM
To: [REDACTED]; Ryan Mistretta; [REDACTED]
Cc: melissa alphagenesisinc.com; William Rinaldi; dreric alphagenesisinc.com; [REDACTED]
Subject: RE: Continuing divider issues

We will be addressing this issue shortly. Thanks!

From: [REDACTED]
Sent: Wednesday, August 24, 2022 9:13 AM
To: Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Cc: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: Continuing divider issues

Hi all,

This morning the divider between cages 07B35 & 07B36 failed. Two males (UG2832 & UG2935) got together, but thankfully there weren't any traumatic injuries. Vet tech [REDACTED] called twice this week about a divider partially failing in building 7B and we had another complete failure in building 11A that resulted in minor traumatic injuries. We have got to get this situation under control. In the past month we've had 4 divider/cage pan failures, 3 of which resulted in traumatic injuries (one which was fatal). We are on the brink of serious violations here. I will remind everyone of the Animal Welfare Act regulation highlighted below (9 CFR 3.80(a)(2)(iii)). We need permanent solutions, not temporary band-aids. If we can't manufacture or find good dividers, then we need more appropriate caging.

§ 3.80 Primary enclosures.

Primary enclosures for nonhuman primates must meet the following

(a) *General requirements.*

- (1) Primary enclosures must be designed and constructed of suitable sound for the species of nonhuman primates contained in them. They must
- (2) Primary enclosures must be constructed and maintained so that
 - (i) Have no sharp points or edges that could injure the nonhuman primates;
 - (ii) Protect the nonhuman primates from injury;
 - (iii) Contain the nonhuman primates securely and prevent accidental opening by the animal;
 - (iv) Keep other unwanted animals from entering the enclosure of nonhuman primates;
 - (v) Enable the nonhuman primates to remain dry and clean;

Regards,

[Redacted signature]

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Exhibit 41

[REDACTED]

From: [REDACTED]
Sent: Monday, August 8, 2022 2:25 PM
To: melissa.alphagenesisinc.com; William Rinaldi; drgierbolini.alphagenesisinc.com
Subject: Incident in Building 25 this morning

Hopefully you received a more informative Incident report from [REDACTED], but I thought I send one regarding the injuries that occurred. The only information I received was that a previously repaired escape route was accessed and the male in 25F received trauma when the 2 groups had access to each other.

041167, Male Cyno from 25F, Project # 75000

Injuries: Right side lower lip lacerated & partially degloved from mandible, LH D3 degloved, & left palm lateral laceration.

The lip & palm were sutured & the digit amputated. Currently guarded prognosis for him to be able to return to his group. We have been treating him for Diarrhea and ongoing weight loss, so the injury to his lip could have a detrimental effect on his other conditions.

Thanks!

[REDACTED]

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MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
230505Y10	6/8/2023	NW	Smooth												N/A		CAGE SIDE: NO HEALTH CHECK SINCE 11/2022? OVERALL NO FECAL STAINING OVER PAST WEEK. HEALTH CHECK IN ~1 MONTH
230505Y10	5/5/2023	NW															FECAL STAINING X 3 DAYS
230214Y01	2/14/2023	5.80	Smooth		Good	Normal	168	40	NO DIGITH ON ON LEFT HAND. 2 REMAINING DIGITS ON RIGHT HAND		Pink	<2	Normal		N/A	2.5/5	TAIL TIP TRAUMA, IN NEED OF AMPUTATION, SAME-DAY RETURN
220922Y04	11/1/2022	9.48	Smooth		Good	Normal-thin	156	28	LHD2		Pink	<2	Normal		N/A	2.0-2.5/5	FS 4-4.5 WHILE IN CAGE. MAINTAINING GOOD HYDRATION. 10% WEIGHT GAIN (BCS 3-3.5). DIME-SIZED OLD WOUND ON UPPER BACK, NO SIGNS OF INFCTION. SCRUBBED W/ BETADINE
220922Y04	10/11/2022	2.40	Smooth		Good	Normal	120	60			Pink	<2	Normal		N/A	3.0/5	Puncture between shoulder blades, clear fluid excretion. Flushed wound/cleaned with betadine, applied alu-spray and administered Excede. Weight down 6.1% since last weight check. Still N/U right arm. FS 3.5-4.0 in transfer cage. Good BCS.
220922Y04	9/27/2022	5.89	Smooth		Good	Normal	160	40			Lt Pink	<2	Diarrhea		N/A	2.5/5	Wt gain, previous campy +, Had loose stool in transfer cage
220922Y04	9/22/2022	5.08	Smooth		Good	Normal-thin	180	28	Left hand digits 1 remain with quarter digits on 4 and 5		Pink	<2	Normal		N/A	2.5/5	Yellow diarrhea wieght loss 15% since last exam. Will put in group treat and recheck. WILL be chroically lame due to loss of digits on right hand
220905Y01	9/5/2022	6.08	Smooth		Good	Normal	180	40	L hand 2,3 amp, LHD4,5 1/2 amp. R hand no digits		Pink	<2	Normal		NPg	3.0/5	presented to clinic after n/u R arm X3 days. No wounds/swelling detected during exam. No

220606Y01	8/22/2022	6.06	Smooth	Good	Normal	180	40	LH D 1 remains LH digit 4,5 half digits each	Pink	<2	Normal	N/A	2.5-3.0/5	fractures/dislocations detected upon palpation. All previous injuries have healed. G ave meloxicam SR and same day RTG maintaining weight. Wounds inside mouth completely healed, wounds on L had 95% healed. Removed all sutures. Pecan sized abces on lateral aspect of L thigh. Clipped, cleaned, lanced, and flushed with saline/betadine. NHP has fs 3.0 and 5.0. starting pepto, d/c Abx.
220606Y01	8/15/2022	6.01	Smooth	Good	Normal	172	36	LH D 1 remains LH digit 4,5 half digits each	Pink	<2	Normal	N/A	2.5-3.0/5	Weight stable lip healing well hand healing will. Will extend plan and rtg
220606Y01	8/8/2022	1.74	Rough	Poor	Thin	144	56		Lt Pink	<2	Other	N/A	1.5-2.0/5	Admitted to clinic for trauma from an altercation with neighboring group when a previously "repaired" escape route opened. Right side lower lip lacerated & partially degloved from mandible, LH D3 degloved, & left palm lateral laceration. Cleaned & sutured wounds. Conerned about Hy of weight loss already. 3% weight loss this week.
220606Y01	8/1/2022	3.82	Smooth	Good	Normal	240	54		Pink	<2	Normal	N/A	3.0/5	nhp is in over all good health. NHP continues to have soft stool/dia, nhp has gained 1.15% since last exam
220606Y01	7/18/2022	1.11	Smooth	Good	Normal	180	54		Pink	<2	Normal	N/A	3.0/5	Some amount of 4 upon entering clinic for exam , but may be due to stress. NHP does not have a messy tail, has good hydration, and a considerable amount of weight gain (13.6%)
220606Y01	7/8/2022	7.15	Smooth	Good	Normal	176	44		Pink	<2	Normal	NPg- Lactating	3.5/5	Weight up from intake down 2% last exam, Has had messy tail and FS 4.5-5. Will start abx treatment. Maintaining hydration and demeanor.

220606Y01	6/23/2022	1.08	Smooth		Good	Normal-thin	160	68			Pink	<2	Normal		NPg	2.5-3.0/5	hx: dia/weight loss. Today nhp has gained 10% since last exam on 6/16. NHP has fairly normal stool of fs: 3.0-3.5.
220606Y01	6/16/2022	2.16	Smooth		Good	Normal	192	72			Pink	<2	Gaseous bowel		NPg	3.5/5	Hydration check, messy tail and slow skin tint. BUN 12, Crea 1.5, K 2.7; Gave 60 SQ fluids with potassium supplement
220606Y01	6/13/2022	NW															Health and weight check. NHP is continuing to have fs: 5 and has lost another 5.83% of body weight.
220606Y01	6/6/2022	3.16	Smooth		Good	Normal	200	24			Pink	<2	Normal		NPg	3.0/5	FS 5; WEIGHT LOSS 19%
210707Y02	7/27/2021	5.36	Smooth		Good	Normal-thin	160	32	Left hand thumb remians		Pink	<2	Normal		N/A	2.5/5	SSP and NBM ,ost of past week. Maintaining hydration. Stiff lower himbs and pronounced osteophytes on medial stifle (bilateral). Gaining weight
210707Y02	7/20/2021	5.19	Smooth		Good-Fair	Normal	200	32			Pink	<2	Normal		N/A	2.0-2.5/5	
210707Y02	7/13/2021	4.33	Smooth		Good	Cachetic	180	24	Missing all digits on left hand, except thumb. Missing all digits on right hand.		Pink	< 2	Normal		N/A	1.5/5	Mixed SSP and NBM the past few days. Maintaining hydration. Stiff lower himbs and pronounced osteophytes on medial stifle (bilateral). Minimal weight gain.
210707Y02	7/7/2021	4.25	Smooth		Good	Thin	134	24			Med Pink	<2	Diarrhea		N/A	1.5-2.0/5	admitted to clinic for dehydration and watery DIA, hypothermic
200330Y1001	4/6/2020	6.60	Smooth	Not Recorded	Good	Normal	160	46	No digits	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	Duigit truma healing well
200330Y1001	3/30/2020	6.42	Smooth	Not Recorded	Good	Normal	140	36	ALL DIGITS AMP BOTH HANDS	N/R	Pink	2	Normal	Not Recorded	N/A	3.5/5	TRAUMA-DIGITS
191221Y7001	12/26/2019	6.77	Smooth	Not Recorded	Good	Normal	180	30		N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	WOUNDS HEALED. CAN RTG
191221Y7001	12/21/2019	6.62	Smooth	Not Recorded	Good	Normal	176	26	Multiple digits missing from the right and left hand.	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	Bone protruding through previous amputation thumb area of the right hand.
191104y1004	11/4/2019	6.49	Smooth	Not Recorded	Good	Normal	Not Recorded	Not Recorded	TRAUMA TO RHD2, RHD5P2, MISSING LHD2, LHD3P2, LHD4P2, RHD3P2, RHD4	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	PRESENTED FOR DIGIT TRAUMA, HAD ALREADY HAD MULTIPLE PARITAL AND FULL DIGIT AMPUTATIONS. STILL ABLE TO PREHEND FOOD.

191017y1002	10/17/2019	6.36	Smooth	Not Recorded	Good	Normal	180	50	MISSING RH,D2@P2 LH, D2@P1	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	DIGIT TRAUMA WITH BONE EXPOSURE RH,D4. BONE BROKEN AND SWOLLEN AT P2.
181113y1001	11/20/2018	6.64	Smooth	Not Recorded	Good	Normal	160	40	RHD3P2 AMP, LHD3+D4P2 AMP, LHD2P1 AMP	N/R	Pink	2	Normal	Not Recorded	NPg	3.0/5	NO NOISE FROM KNEE DURING EXAM AND FULL EXTENTION OF ALL JOINTS, HAS NOT BEEN NOTED AS N/U WHILE IN CLINIC
181113y1001	11/13/2018	6.50	Smooth	Not Recorded	Good	Normal-thin	170	30	RH/D3 partial, LH/D2-gone, LH-D3 & 4.	N/R	Med Pink	1 sec	Normal	Not Recorded	N/A	2.5-3.0/5	Noticed n/u L leg in home location-noise from knee on physical exam
171026Y1001	11/9/2017	6.86	Smooth	Not Recorded	Good	Normal	150	48		N/R	Pink	<2	Normal	Not Recorded	NPg	3.5/5	
171026Y1001	11/2/2017	7.00	Smooth	Not Recorded	Good	Normal	180	48		N/R	Pink	<2	Normal	Not Recorded	NPg	3.5/5	
171024Y1003	10/24/2017	6.89	Smooth	Not Recorded	Good	Normal	180	28	LH d2/3/4 partial, RH d3 partial	N/R	Lt Pink	1 sec	Normal	Not Recorded	N/A	3.0/5	APPROXIMATELY TEN SMALL LACERATIONS TO RIGHT ARM AND SHOULDER, RIGHT FOREARM ALSO HAD SOME MUSCLE DAMAGE.
170801Y3004	8/7/2017	7.35	Smooth	Not Recorded	Good	Overweight	150	60	L hand d2, 3, 4 are partially missing, R hand d3 partial missing	N/R	Pink	<2	Normal	Not Recorded	N/A	3.5/5	ALL TRAUMA HEALED
170801Y3004	8/1/2017	7.28	Smooth	Not Recorded	Good	Normal	160	28	L hand d2, 3, 4 are partially missing, R hand d3 partial missing	N/R	Pink	1 sec	Normal	Not Recorded	N/A	3.5/5	Trauma, lacerations to chest, shoulder and forearm
170330Y1004	3/30/2017	6.88	Smooth	Not Recorded	Good	Normal	140	32	LEFT HAND ENTIRE D2 MISSING, D3 AND D4 MISSING P2/3, RIGHT HAND D3, MISSING P2/3	N/R	Pink	<2SEC	Normal	Not Recorded	N/A	3.0/5	ABRASION AROUND LEFT EYE. LEFT LATERAL UPPER LEG OLD SUPERFICIAL LACERATION APPROXIMATELY 4 CM IN LENGTH, NO SIGNS OF INFECTION.
170227Y1003	2/27/2017	6.74	Smooth	Not Recorded	Good	Normal	130	30	MISSING 3RD PHALANX RIGHT HAND, MISSING 2,3,4TH PHALANX LEFT HAND	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	TRAUMA-FINGER LEFT HAND 2ND DIGIT
161227Y1001	1/19/2017	6.72	Smooth	Not Recorded	Good	Normal	110	50	RH missing D3, P3 LH	N/R	Pink	<2	Normal	Not Recorded	N/A	2.5/5	HEALED

161227Y1001	1/10/2017	6.79	Smooth	Not Recorded	Good	Normal	140	40	missing D3, P3 & D4, P3 RH missing D3, P3 LH missing D3, P3 & D4, P3	N/R	Pink	1	Diarrhea	Not Recorded	Not Recorded	3.0/5	HAND AND HEAD HEALED. DIARRHEA
161227Y1001	1/3/2017	6.90	Smooth	Not Recorded	Good	Normal	140	128	MISSING LEFT HAND 2,3P OF D3 AND D4.	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	RIGHT HAND/FINGER LACERATION: OPEN, NO SWELLING OR DISCHARGE. OTHER WOUNDS ARE HEALING, SUTURES REMOVED.
161227Y1001	12/27/2016	6.81	Smooth	Not Recorded	Good	Normal	184	24	MISSING P1 AND P2 OF 3RD,4TH DIGIT OF LEFT HAND AND 3RD DIGIT OF RIGHT HAND.	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	LACERATION ON RIGHT HAND: RUNS DEEP THROUGH PAD AT BASE OF INDEX FINGER AND SUPERFICIAL ALONG INDEX FINGER. OLD SUTURED WOUND ON HEAD RE-OPENED.
161213Y1003	12/13/2016	7.10	Smooth	Not Recorded	Good	Normal	140	20	MISSING 1ST/2ND PHALANX OF 3RD/4TH DIGITS OF RIGHT HAND, AND 1ST/2ND PHALANX OF 3RD DIGIT ON LEFT HAND	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	2 DEEP CONSECUTIVE LACERATIONS ON CRANIUM (2 AND 4 CM RESPECTIVELY), POCKET IN SUBCUTANEOUS TISSUE CAUDALLY ABOUT 2CM; MINOR SUPERFICIAL PUNCTURE WOUND ON LEFT CHEEK
160613Y2002	6/13/2016	NW	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded		N/R	Not Recorded	Not Recorded	Not Recorded	Not Recorded	N/A	N/R	FAIR APPETITE X 3 DAYS REPORTED BY LAB STAFF







Exhibit 42

[REDACTED]

From: [REDACTED]
Sent: Friday, July 29, 2022 10:03 AM
To: William Rinaldi <william@alphagenesisinc.com>; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: RE: Animal Escapes

I spoke with Dr. Eric this morning and he's going to look through past emails and give us an approximate number. Including this morning, I've been involved in three cases (two this past week and one in November). I can tell you in total it's been in the double digits since I started last July and Dr. Eric is usually first to the scene when they occur. Dr. Lynette would have all the incident reports to give you an exact number, but I don't know where so keeps them. I'm not trying to beat a dead horse, but this is deeply concerning.

Regards,

[REDACTED]

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From: William Rinaldi <william@alphagenesisinc.com>
Sent: Thursday, July 28, 2022 3:45 PM
To: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: Animal Escapes

Hi Docs,
Would you be able to give me a rough estimate of how many cage related animal escapes you encounter weekly or even monthly? I'm going to be sitting down with maintenance and animal care to come up with a workable solution and that information would be helpful.

Thanks,
Billy

From: dreric.alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Friday, July 29, 2022 9:40 AM

To: William Rinaldi <william@alphagenesisinc.com>; [REDACTED]

Subject: RE: Animal Escapes

Here is a brief list of some historical cases from a 15 minute dig through my email.

There are 15 cases since January 2021.

However these are only the cases from this dig through my email. That does not include ones that only had a paper report or just a verbal notification was done or doing a more in-depth email search.

As they became repetitive documentation of the incidents was increased.

I would say a code X in a cage building is common and likely averages 3-4 a month. I think the frequency is higher when they have new waves of animal care techs and it slowly decreases as they get more experienced. Many of these go unreported if there are no injuries. Some code Xs during jumping/transferring can happen and that is why room doors are secured. I would say these don't qualify as incidents.

There are a lot of unsecured cage doors and NHPs found out when people enter and that would qualify more as an issue with containment.

Males fighting when dividers or pans come out also comes in waves. Just in my list here I have 9 fights in 18 months. I would say there are more than that it is just a matter of digging them out of the medical records.

The issues is multifold. Many of these can also be attributed to old breaking caging that the technicians don't actually understand what part moves and how to secure it. Some of the cages can even look secure but when two males really decide to put it to the test it does not hold up.

That is not to say that a level of inexperience and carelessness is not part of the issue at times. There are definitely instances of people simply not securing doors, dividers, and pans after manipulating them.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

[REDACTED]

From: [REDACTED]

Sent: Friday, July 29, 2022 7:10 AM

To: Ryan Mistretta <ryan@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Dr. [REDACTED]; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

William Rinaldi

<william@alphagenesisinc.com>

Subject: RE: Cage Containment Issues

There are cages where it is possible to drill a hole through a lip on the front of the cage and lock the grate in place. I did this to most cages in 30B this morning. If there are other cages that are noticed where this is possible, let me, [REDACTED], or Ryan know and we will work on getting it accomplished.

From: Ryan Mistretta <ryan@alphagenesisinc.com>

Sent: Friday, July 29, 2022 7:01 AM

To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]; [REDACTED]; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

[REDACTED]; William Rinaldi <william@alphagenesisinc.com>

Subject: Cage Containment Issues

Hey Everyone,

We have had another spike in NHPs breaking containment within their caging units and either gaining access to another animals holding area, or outside of the cage (this has happened in multiple buildings). We need to see what other types of locking mechanisms/clips can be used to help mitigate some of this issue. A good option brought up in the last IACUC meeting would involve bolting closed any areas of cages that are not needed for technical purposes. This procedure will take some time to accomplish, and it still does not solve some of the cage pan and divider problems we have. We are still working on transitioning out some of our older cage units, but this will take some time and some of our new caging is currently being held for the new buildings opening momentarily (the new clinics should have all new caging which will help some).

If you can think of any equipment or procedure that will help with this issue, please let us know. This email chain will be an open forum to discuss possible options.

Thanks,

Ryan J. Mistretta, BS RLAT CLABP

Exhibit 43

Slide out along with the cap bar.

AlphaGenesis[®]
INCORPORATED

ANIMAL POTENTIAL INCIDENT FORM

Date: 7/27/2022

Animal Information:

ID: DJ61
Species: mulatta
Location: 18B20
Project: 85000

Reporter: [REDACTED]

Reason: Broken cage caused two NHP's
to get together causing severe trauma and
ultimate euthanasia of one NHP.

Details of Potential Incident Circumstances, Animal and Personnel Involved:

Cage 20 was missing the grate that folds up locking
cage 18's cage pan in place. Instead, a makeshift chain
made from three double-ended lobster-clasp clips was
secured to the floor of cage 18 and the door of cage 20.
I performed an exam on DJ61 who was in cage 20.
After his exam, he was returned to his cage and the dip
on his door was reattached. Approx 60-90 min later, a
call came over the radio about a trauma in 18B where
two NHPs had gotten together. I went to the building and
Dr Eric and [REDACTED] came with a transfer cage. We removed

****This form should be completed and turned in to the Attending Veterinarian the same day as potential incident.****

DJ61 from his cage to take to clinic. [REDACTED] from Behavior
was there, too, and she and I stayed to check the
wounds on the other NHP, which were minor. We inspected
the cage and noticed that the top lobster clip was
secured to the floor of the ^{top} cage but that the floor was
not attached to the cage - it could ~~be~~

slide out along with the cage pan.



ANIMAL POTENTIAL INCIDENT FORM

Date: 7/27/2012

Animal Information:

ID: D761
Species: muller
Location: 1820
Project: 2500

Reporter: Leslie St. Aron

[Faint, illegible text, possibly describing the incident]

Details of Potential Incident Circumstances, Animal and Personnel Involved:

[Faint, illegible text describing the incident details]

[Faint, illegible text at the bottom of the page]

Date: 07/27/2022

ID: DJ61
Sp: Rhesus
Loc: 18B20
Pro: 85000

Dr. Eric

Reason: NHP was severely injured when a cage pan/flooring assembly was improperly secured allowing vertical neighbor to attack NHP. Injuries resulted in eventual euthanasia

Details: Around midday 11 to 12pm VT [REDACTED] was called to 18B for an emergency animal being down and injured. Upon arrival NHP was down in cage with significant blood loss visible on floor. Cage pan had been re-secured by the calling vet tech. I removed the NHP from the cage and brought him for treatment in 30B. Pain medications and emergency stabilization treatments were initiated immediately. The NHP suffered numerous small lacerations to the back. The primary wounds were the lacerations to the right arm. There was a 4-5 cm laceration on the right bicep severing the vein and nerve causing the severe hemorrhage. There was also a 3-4 laceration to the forearm. The NHP survived initial treatment but was weak, recumbent and pain could not be adequately relieved in PM rounds so humane euthanasia was performed.

Comments:

There were brass clips on the cage pan so this particular case was less carelessness as some past cases have been and more the technicians not understanding what parts of this cage actually move and how the cage functions. That is to say the cage pan was secure but the actual floor of the cage was able to move. From briefly looking the caging type is an older type and seemed to be missing some parts that had secured the cage floor in the past so it needs to be clipped in place.

Our similar type cages in 30B we have placed a lock or bolt to hold in the flooring so the clips only have to keep the pan in.

Dr. Eric Granato, DVM, MLAM.
Clinical Veterinarian,

NECROPSY REPORT

Alpha Genesis, Inc.
 Non-Human Primate Necropsy Report
 98-CF492 02/98 7/14/2023 2:21:00 PM

ID Number: DJ61 Post Mortem #: 22-175
 Delivered By: [REDACTED] Death Date: 7/27/2022

Project 85000 Sex: Male Species: mulatta Birthdate: 6/8/2004 Necropsy Date/Time: 7/28/2022
 Dam: 9GN Home Location: 18B20 Death Location Clinic Weight: 8.34 Necropsy Weight: 9.20
 Circumstances: Humane euthanasia. Origin: USA-AGI

Historic Clinical Signs: Admitted to clinic on 7/27/22 for severe trauma. Hemorrhage was eventually controlled but significant blood loss had occurred and NHP was still weak after treatment - very still, weak, and painful.

Anitbiotic administration in the last 48 hrs?

FINDINGS ("N" FOR NORMAL, "ABN" FOR ABNORMAL AND "NE" FOR NOT EXAMINED)

Skin: ABN	Eyes: N	Peritoneal Cavity: N	GI Tract/Mesenteric Nodes: ABN
Kidneys: ABN	Adrenals: N	Spleen: N	Pancreas: N
Liver: N	Gallbladder: N	Urinary Bladder: N	Uterus/Gonads: N
Pleural Cavity: N	Thymus: N	Upper Respiratory: N	Lungs/Hilar Nodes: ABN
Thyroid: NE	Heart/Major Vessels: N		

COMMENTS ON FINDINGS AND MISCELLANEOUS OBSERVATIONS

Skin: Sutured laceration on the left medial upper arm & left lateral antebrachium

Eyes: Normal

Peritoneal Cavity: Normal

Adrenals: Normal

Spleen: Normal but pale in color

GI Tract/Mesenteric Nodes: Generalized pale appearance of the GI tract. Soft stool (FS 3.5) present in colon with minimal ingesta present in the upper GI tract. Mesenteric LN normal Pancreas: Normal Liver: Normal but pale in color Gallbladder: Normal

Urinary Bladder: Normal Uterus/Gonads: Normal Pleural Cavity: Normal Thymus: Normal Upper Respiratory: Normal Lungs/Hilar Nodes: Pale in color with white form present in airways Heart/Major Vessels: Normal Kidneys: Bilateral generalized pale appearance with red spots (petechiae) present in the renal cortex. Right kidney also had a 1mm cyst present in the cortex of the lower pole.

LABORATORY

Urinalysis (Lab-Stix):

Culture/Gram Stain:

Serology:

Chemistry:

Hematology:

Tissue:

Summary/Dx: Euthanasia - Acute anemia secondary to severe conspecific trauma. Disseminated intravascular coagulation. BCS: 2.5/5

Prosector Name: [REDACTED]

Sent To:

Exhibit 44

Alpha Genesis Inc
Standard Operating Procedure

SOP Title:	REPORTING INCIDENTS OF CONCERN	SOP Number: AC54
Effective Date:	March 21, 2019	Revision #:

Attachment 54A

Page 4 of 4



ANIMAL INCIDENT FORM

Date: 3/22/22

Animal Information:

ID: G449? GB70
Species: Fasc
Location: 30B
Project: 75000

Reporter: [REDACTED]

Reason: 2 single caged Boarders in Clinic 30B got together
resulting in trauma due to an unlocked cage pan.
G449 recieved multiple lacerations
GB70 recieved minor abrasions

Details of Incident Circumstances, Animal and Personnel Involved:

The cage pan between cages 30B21: 30B23 were not properly
secured and the male cynos were able to access each
other resulting in wounds.

Vet Tech [REDACTED] found the NHPs and Dr Eric was notified.

MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
201013Y03	5/4/2023	NW															
201013Y03	4/27/2023	7.39	Smooth		Good	Normal	116	24			Pink	<2	Diarrhea		N/A	3.0/5	GOT BLOOD WORK AND FECALS TO LAB. NHP STILL HAVING DIA MOSTLY 5.0. FEELS SLIGHTLY BLOATED, LOST WEIGHT SINCE 1 % since 3/2/23. not dehydrated.
201013Y03	4/19/2023	7.40	Smooth		Good	Normal	140	40			Pink	<2SEC	Diarrhea			3.0-3.5/5	NHP STILL DIA FS 5. MAINTAINING WIEGHT. HYDRATION GOOD. COLLECTED BLOODWORK AND FECAL SAMPLES FOR LAB
201013Y03	3/2/2023	7.45	Smooth		Good	Normal	160	50			Pink	<2	Normal		N/A	3.0/5	Recheck FF/FS (whipworms). 4% weight gained. Mixed stools continue, diarrhea for 3 past 3 days.
201013Y03	2/21/2023	6.73	Smooth		Good	Normal	150	40			Pink	<2	Normal		N/A	3.0/5	Chronic diarrhea, PE wnl.
201013Y03	2/7/2023	7.01	Smooth		Good	Normal	140	35			Pink		Normal		N/A	3.0/5	checking weight and relocating to a larger cage, maintaing weight good BC, exam WNL
201013Y03	10/4/2022	7.09	Smooth		Good	Normal	140	24			Lt Pink	<2	Gaseous bowel		N/A	3.0/5	FS 2.5-3.5. Mixed stool past few days not exceeding fs 4.0. NBM before Oct. 1. Not dehydrated, maintaining weight well with good BCS. Collected fecal sedimentation per DVM request.
201013Y03	9/29/2022	7.04	Smooth		Good	Normal	184	40			Pink	<2	Normal		N/A	3.0/5	nbm today, fs 3.5 on 9/27-9/28. wt up since last wt check on 9/13. FC submitted
201013Y03	4/5/2022	2.28	Smooth		Good	Normal	150	40			Pink	<2	Normal		NPg	2.5/5	wounds completely healed, all sutures removed. Nhp has

201013Y03	3/30/2022	7.03	Smooth	Good	Normal	160	40		Pink	<2	Normal	N/A	3.0-3.5/5	history of on again/ off again soft stool. Today FS 4.0 day 1, will start pepto treatment tomorrow. wound on left arm completely healed. Large lacs on L thigh and L hip are 80% healed with healthy granulation tissue and minimal scabbing. Lac on R upper arm 90% healed. Sutures removed from L forearm, vetrcyn applied to all healing wounds
201013Y03	3/22/2022	7.89	Rough	Good	Normal	130	30		Pink	2	Normal	Lactating	2.5/5	NHP RECEIVED SEVERAL LACERATIONS FROM NHP IN CAGE 23 WHEN CAGE PAN WAS PARTIALLY OPEN OVER NIGHT. 3 INCH LAC R HIP, 4 INCH LAC R THIGH, TWO 1-INCH LACS R ARM PIT, TWO 2-INCH LACS L FOREARM. NO MUSCULAR ENVOLVMENT TO ANY LACS, WOUNDS ONLY INVOLVING SKIN.
201013Y03	3/4/2022	7.00	Smooth	Good	Normal	120	24		Med Pink	< 2	Gaseous bowel	N/A	3.0/5	Interittment dia responsive to pepto. Maintaining weight.
201013Y03	11/22/2021	4.25	Smooth	Good	Normal	148	28		Pink	<2	Normal	N/A	3.0/5	Weight check due to sedation to move to new cage. NHP is healthy and has gained weight
201013Y03	11/4/2021	7.99	Smooth	Good	Normal-thin	132	32		Pink	<2	Normal	N/A	2.5/5	MAINTAINING WEIGHT, GH, NBM.
201013Y03	9/29/2021	7.11	Smooth	Good	Normal	160	40		Pink	<2	Normal	N/A	3.0/5	Nhp had n fs of 2.5 today. Is Maintaing wt. around 7kg and maintaining good

201013Y03	9/15/2021	6.98	Smooth	Good	Normal	160	32		Pink	<2	Normal	N/A	3.0-3.5/5	hydration. Doing well overall.
201013Y03	9/1/2021	7.23	Smooth	Good	Normal	135	40		Pink	<2	Normal	N/A	3.0/5	Continuing mix of stool ss/ssp. Maintaining good Hydration. Some wt. loss, but still good bcs.
201013Y03	8/17/2021	7.37	Smooth	Good	Normal	140	40		Pink	<2	Normal	N/A	3.0/5	CONTINUES TO HAVE INTERMITTENT SS/DIA. NBM TODAY; GH, MAINTAINING WEIGHT.
201013Y03	8/2/2021	7.22	Smooth	Good	Normal	186	28		Pink	<2	Normal	N/A	3.0/5	MOSTLY NBM FOR THE PAST WEEK WITH OCCASIONAL SS. GH, MAINTAINING WEIGHT.
201013Y03	7/16/2021	7.26	Smooth	Good	Normal	160	28		Pink	<2	Normal	N/A	3.0/5	BAR NSP SS/SSP GH GA
201013Y03	7/9/2021	7.21	Smooth	Good	Normal	160	44		Pink	<2	Normal	N/A	3.0-3.5/5	BAR NSP NBM GH GA
201013Y03	7/1/2021	7.45	Smooth	Good	Normal	156	48		Pink	<2	Normal	N/A	2.5-3.0/5	GRP REJECT, ON TX FOR DIA/SS. DIA PAST 3 DAYS. GH. NHP APPEARS WELL, OTHER THAN PERSISTENT DIA. POSITIVE FOR WHIPWORMS TODAY. 3% WT LOSS SINCE LAST EXAM.
201013Y03	6/24/2021	7.56	Smooth	Good	Normal	198	36		Pink	<2	Normal	N/A	3.0/5	DOING WELL, GAINED WT BOARDING BAR, NBM,GA,GH,NSP
201013Y03	6/17/2021	7.55	Smooth	Good	Normal	196	36		Pink	<2	Normal	N/A	3.0/5	BAR NSP SS/NBM GH GA
201013Y03	10/23/2020	6.83	Smooth	Good	Normal	140	40		Pink	<2	Normal		3.0/5	BAR NSP SS/NBM GH GA
201013Y03	10/16/2020	7.10	Smooth	Good	Normal				Pink		Normal		3.0/5	WOUNDS HEALING WELL; REMOVED BANDAGE AND SUTURES. SMALLL AMOUNT OF SEROUS DISCHARGE FROM WOUND ON BACK.
														RE-EVALUATE WOUNDS; WOUND ON BACK SHOWS SIGN OF

201013Y03	10/13/2020	7.00	Smooth		Good	Normal	180			Pink	1	Normal		N/A	3.0/5	INFECTION. REMOVED SUTURES, FLUSHED WITH BETADINE, AND PLACED BETADINE BANDAGE. ALL OTHER WOUND HEALING WELL. REJECTED FROM GROUP. MULTIPLE LACERATIONS ON THE RIGHT SHOULDER, A LARGE LACERATION ON THE BACK. A LACERATION TO THE FACE THAT TORE THE CHEEK POUCH.
200826Y2004	10/1/2020	6.92	Not Recorded	Not Recorded	Good	Normal	180	30	N/R	Pink	1	Normal	Not Recorded	N/A	3.0-3.5/5	Soft stool/nbm , weight trending upward
200826Y2004	9/24/2020	6.56	Smooth	Not Recorded	Good	Normal	180	54	N/R	Pink	>2	Gaseous bowel	Not Recorded	N/A	3.5/5	RECHECK DIA, SSP CONTINUES WEIGHT GAIN
200826Y2004	8/26/2020	NW	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	N/R	Not Recorded	Not Recorded	Not Recorded	Not Recorded	N/A	N/R	
171228y1006	12/27/2017	5.90	Smooth	Not Recorded	Good	Normal	170	30	N/R	Pink	<2	Normal	Not Recorded	N/A	3.0/5	LACERATION TO L FOREARM WITH MUSCHLE DAMAGE
161205Y2003	1/9/2017	5.36	Smooth	Not Recorded	Good	Normal	nr	nr	N/R	Lt Pink	<2	Normal	Not Recorded	N/A	3.0/5	

Exhibit 45

[Redacted]

From: drgierbolini alphagenesisinc.com
Sent: Friday, January 21, 2022 1:12 PM
To: [Redacted]; William Rinaldi; melissa alphagenesisinc.com; Ryan Mistretta
Cc: [Redacted]
Subject: RE: G168

Thanks and please keep us updated.

From: [Redacted]
Sent: Friday, January 21, 2022 1:09 PM
To: [Redacted] William Rinaldi <william@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: [Redacted]
Subject: G168

This NHP had a tongue injury and now has half her tongue left. She is now in 30A18 for us to make sure she can function with it.

qryMasterSort

ID Number	Sex	Birthdate	Current Location	Home Location	AUPNumber	Project Number	Species	Client
G168	Female	9/12/2011	16N03	16N03	20-17	78000	fascicularis	[Redacted]

[Redacted]

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MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
220121Y02	5/16/2022	NW															WEIGHT LOSS TX; 2.5% WEIGHT GAIN WITH GOOD APPETITE AND NBM. MAINTAINS GOOD HDYRATION
220121Y02	5/2/2022	5.35	Smooth		Fair-Poor	Thin	220	28	MISSING D2 OF RF		Pink	2	Normal			2.0/5	WT GAIN; 5 % WEIGHT LOSS LAST EXAM, NOMRAL STOOL AND MAINTAINING GOOD HYDRATION. WEIGHT CHECK SHOWS 0.22% LOSS-STAGNANT
220121Y02	4/18/2022	3.58	Alopecia-overgrooming		Good	Normal-thin	192	52			Pink	<2	Normal		N/A	2.5/5	WT GAIN: GOOD HYDRATION WITH NORMAL STOOL AND 5% WEIGHT LOSS
220121Y02	4/4/2022	4.58	Smooth		Good	Normal	164	36			Pink	<2	Normal		NPg	2.5-3.0/5	weight stayed neutral.
220121Y02	3/21/2022	5.12	Smooth		Good	Normal	160	40			Pink	<2	Normal		NPg	3.0/5	~1% WEIGHT GAIN; GOOD HYDRATION, FS=2.5
220121Y02	3/14/2022	4.48	Smooth		Good	Normal	192	30			Pink	<2	Normal		NPg	2.5/5	~4% WEIGHT GAIN. GOOD HYDRATION, APPEARS TO BE EATING WELL. FS=2.5.
220121Y02	3/7/2022	4.29	Smooth		Good	Normal	192	40			Pink	<2	Normal		NPg	2.5/5	~4% WEIGHT LOSS SINCE LAST EXAM. BEING ANESTHETIZED DAILY FOR PROJECT WORK. FS=2.5; GOOD HYDRATION.
220121Y02	2/28/2022	4.46	Smooth		Good	Normal	184	30			Pink	<2	Normal		NPg	2.5/5	HAS GAINED ~3% SINCE LAST EXAM; TONGUE

220121Y02	2/21/2022	4.32	Smooth	Good	Normal-thin	160	36	Pink	<2	Normal	NPg	2.0/5	HEALING WELL. TONGUE HEALED, ANEMIA RESOLVED, SLOWLY REGAINING WEIGHT. WILL D/C TO OP FOR WEIGHT GAIN.
220121Y02	2/11/2022	4.22	Smooth	Good	Normal	200	32	Pink	<2	Normal	NPg	2.0/5	TODAY'S WEIGHT 4.22 KG, MAINTAINING SINCE LAST EXAM. NHP HAS A GREAT APPETITE, MANY CHOMPED BISCUITS FOUND IN CAGE AND CAGE PAN, ALSO EATS MASH CUPS WELL AND GOODIE BOWLS. ALSO LOVES PEARS
220121Y02	2/7/2022	4.20	Smooth	Good	Normal	180	24	Pink	<2	Normal	NPg	2.5/5	Stagnant wt since yesterday. Tongue healing very well. Significant wt increase since 3 days ago (13.5% increase). Overall appetite remains fair with some days being better than others.
220121Y02	1/31/2022	4.17	Smooth	Fair	Normal	200	20	Med Pink	<2	Normal	NPg	2.0-2.5/5	tounge granulating, pink tissue, no signs of infection. The outer-most sutures of left and right sides of the tounge are the only remaining sutures. Weight down 0.03kg since yesterday.
220121Y02	1/29/2022	4.30		Good		186	40		<2	Normal	NPg		Sedated for weight check and tube feeding (1 warm

220121Y02	1/28/2022	4.09	Smooth		Fair	Normal-thin	130	90		Lt Pink	1	Normal		N/A	2.0/5	ensure)Gained 5% of body weight since last exam Slow moving, gums light pink but not tacky, WL 1% since last exam.	
220121Y02	1/26/2022	4.13														SEDATED FOR WEIGHT CHECK; LOSING WEIGHT.	
220121Y02	1/21/2022	4.67	Smooth		Good	Normal	180	30		Pink	<2	Normal		N/A	2.5/5	APPROX HALF OF THE TONGUE MISSING AT JUST BEHIND THE FRENULUM ATTACHMENT. SIGNIFICANT SWELLING OF THE REMAINING TONGUE. Sutured the end.	
210909Y04	9/10/2021	NW														Has worms, Study NHP, otherwise looks well	
160929Y1004	9/29/2016	3.71	Smooth	Not Recorded	Good	Normal	230	50		N/R	Pink	<2	Normal	Not Recorded	NPg	3.0/5	BASEBALL SIZED SWELLING ON RIGHT THIGH, SOFT AND FLUCTUANT IN A COUPLE SPOTS, WARM TO TOUCH. SHAVED, CLEANED, EXPRESSED ABOUT 50 ML PURULENT MATERIAL. FLUSHED WITH SALINE AND GENTAMICIN.

Exhibit 46

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 30, 2021 6:44 AM
To: [REDACTED]
Subject: RE: 14B

I didn't pair the three NHPs. However, this same problem occurred about a month ago with a different male. I think it's just the way the cages are easy to manipulate for the males sometimes. Especially when the cage pans aren't secure

[REDACTED]

Yemassee Primate Center

[REDACTED]

www.AlphaGenesisInc.com



Check out Alpha Genesis on Facebook:
www.Facebook.com/AlphaGenesis

Please consider the environment before printing this e-mail.

From: [REDACTED]
Sent: Wednesday, November 24, 2021 2:42 PM
To: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED]
Subject: RE: 14B

Yes, the cage is in good repair and all components work as they should.

From: dreric alphagenesisinc.com <drreric@alphagenesisinc.com>
Sent: Wednesday, November 24, 2021 2:40 PM
To: [REDACTED]
Subject: RE: 14B

None of those are on outpatient and the Techs only took 14B67 to clinic today. We will make sure those ladies are okay.

I am assuming the cage pan (vertical divider) is secure?

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190
843-589-5290 (fax)
www.AlphaGenesisInc.com



From: [REDACTED]
Sent: Wednesday, November 24, 2021 2:32 PM
To: [REDACTED]; dreric@alphagenesisinc.com; [REDACTED]
Subject: FW: 14B

See email below.

Thanks

From: [REDACTED]
Sent: Wednesday, November 24, 2021 2:28 PM
To: [REDACTED]
Subject: RE: 14B

No we did not touch those cages today; check with Behavior & Vet Techs.

From: [REDACTED]
Sent: Wednesday, November 24, 2021 2:25 PM
To: [REDACTED]; William Rinaldi <william@alphagenesisinc.com>
Cc: Ryan Mistretta <ryan@alphagenesisinc.com>; drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Subject: 14B

Did lab pair some animals up today in 14B? The male 6569073951M from 14B44 was in cage 14B41/42 with two females. The census shows them separated. However, after lunch during second feeding, the tech responsible for that building noticed the male in the cage with the females. He was acting aggressive towards the females. They notified me and the AC manager immediately. I put him back in the cage listed on the census.

[REDACTED]

Yemassee Primate Center

[REDACTED]

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Exhibit 47

[REDACTED]

From: dreric.alphagenesisinc.com
Sent: Tuesday, November 16, 2021 1:06 PM
To: drgierbolini@alphagenesisinc.com
Cc: [REDACTED]
Subject: Incident follow up 1607199 11-16-2021

qryMasterSort										
ID Number	Sex	Birthdate	Current Location	Home Location	Project Number	Species	Origin	Weight (kg)	Client	Research Status
1607119	Male	7/4/2016	16E02	16E01/02	01002	fascicularis	China	6.51	[REDACTED]	Non-Naive
9334262867M	Male	11/1/2013	16E02	16E02	75000	fascicularis	Cambodia	7.67	[REDACTED]	Non-Naive

[REDACTED] is submitting a incident report for 1607119.

Basically these males were paired together by someone even though they are not supposed to be paired. 1607119 had a deep left arm laceration on the upper arm.

There is a sign on the cage to not pair them and the VTs found the dividers clipped open indicating they had indeed been paired by a person and not that they pushed the divider out. This is one of those dividers with the grate and solid plate on a track with a bar that has a round handle on the end.

This is the third incident of getting together and it sounds like there is a new caretaker in the building. I think a screw can be placed in the hole that clips the dividers in so maybe it can be more securely fastened.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190
843-589-5290 (fax)
www.AlphaGenesisInc.com



MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
220913Y04	9/13/2022	7.89	Smooth	Good	Normal	220	24	RHD3 AMP		Pink	<2	Normal		N/A	3.0-3.5/5	PULLED TO CLINIC FOR FINGER TRAUMA RHD3 AMP TO P 2, 0% DEHYDRATED WITH NORMAL STOOL AND HEALTHY WEIGHT GAIN SINCE LAST EXAM. SUTURED FINGER AND RIGHT WRIST LACERATION. SUPER FICIAL ABRASIONS TO FINGERS CLEANED AND LEFT DRY. LFD2.
220120Y05	1/20/2022	7.35	Smooth/Alopecia-overgrooming	Good	Normal	180	44	DISTAL PHALANGE ON LH-D1 MISSING. AMPUTATED RH-D4-P1		Pink	<2	Normal		N/A	3.0/5	RIGHT HAND, DIGIT 4 NEEDED AMPUTATION OF THE DISTAL TWO PHALANGES. DISTAL PHALANGE DARK IN COLOR. OTHERWISE IN GOOD HEALTH. GAINED 9% BODY WEIGHT SINCE NOV'21.
211116Y06	11/23/2021	6.75	Smooth	Good	Normal	180	40			Pink	<2	Normal		N/A	3.0/5	Shoulder laceration healing well. Using arm
211116Y06	11/16/2021	6.75	Smooth	Good	Normal	160	50			Pink	<2	Normal		N/A	2.5-3.0/5	LACERATION APPROX 2 INCHES LONG, MUSCULAR TISSUE LACERATED. NHP WAS PAIRED WITH NEIGHBOR
211006Y01	10/13/2021	6.51	Smooth	Good	Normal					Pink		Normal		N/A		

Exhibit 48

[REDACTED]

From: dreric.alphagenesisinc.com
Sent: Friday, November 12, 2021 7:10 AM
To: Ryan Mistretta; drgierbolini.alphagenesisinc.com; [REDACTED]
Cc: [REDACTED]
Subject: RE: P379 Mislocation

Our hotwire checks have been fine for that area this month

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,
866.789.MONK (6665)
843-589-5190
843-589-5290 (fax)
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From: [Ryan Mistretta](#)
Sent: Friday, November 12, 2021 6:18 AM
To: drgierbolini.alphagenesisinc.com; [REDACTED]
Cc: dronic.alphagenesisinc.com; [REDACTED]
Subject: RE: P379 Mislocation

At this point we know she was in COR05B on 10/18/21. Jim is looking into the paperwork for all of the hotwire checks during that period. When they checked the hotwire yesterday it was in working order. Another possibility is that she squeezed through one of the fenced viewing windows and went into the wrong corral after. She was less than 2kg on her last weight, and we have confirmation that NHPs over 2kg have been able to squeeze through the chain-link fencing.

From: drgierbolini.alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Sent: Thursday, November 11, 2021 3:15 PM
To: Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]
Cc: dreric.alphagenesisinc.com <dronic@alphagenesisinc.com>; [REDACTED]
Subject: Re: P379 Mislocation

Thanks!

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From: Ryan Mistretta <ryan@alphagenesisinc.com>
Sent: Thursday, November 11, 2021 3:05:34 PM
To: drgierbolini.alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]

[REDACTED]
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

Subject: RE: P379 Mislocation

I have also already spoken to Jim and he is looking into the hotwire and the hotwire checks paperwork.

From: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Sent: Thursday, November 11, 2021 2:50 PM

To: Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]

Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

Subject: Re: P379 Mislocation

Have the vet techs noticed the hotwires not working in those areas?

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From: Ryan Mistretta <ryan@alphagenesisinc.com>

Sent: Thursday, November 11, 2021 1:27:50 PM

To: [REDACTED]; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

Subject: RE: P379 Mislocation

Thank you for letting me know! That is certainly a possibility since we had so many issues with NHPs on the wall of COR05B when the hotwire was going down.

From: [REDACTED]

Sent: Thursday, November 11, 2021 1:22 PM

To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

Subject: P379 Mislocation

Good afternoon,



PRIMATE INFORMATION

ID Number	P379	Site	YPC	HBV	N
Previous ID / Tag #	None	Natal Location	COR05B	SRV	N
Dye Mark	LFT - =	Dam	FD3N	SIV	N
Sex	Female	Sire	Unknown	STLV	N
Birthdate	4/11/2020			Measles Ab	N
Project #	75000				
Current Location	COR05B	Genus	Macaca	Weight	1.68
Home Location	COR05B	Species	fascicularis	Weight Date	11/11
Animal Use Protocol #		Stock	Chinese		
Client	[REDACTED]	Origin	USA-AGI		
		Blood Type			
		Status	Sales	Print Pre	
		Status Date	4/11/2020	Print Pr	
		Research Status	Naïve	Pri	
Notes	None				

This NHP presented to clinic 30A today for severe crush trauma on both arms and face. Dr. Eric noticed that his home location was coral 5B, yet he was pulled from coral 4A. This NHP's dam is located in coral 5B. This animal may have jumped the faulty hot wire and escaped into the adjacent coral. This animal has no history of ever being taken out of coral 5B either. Thought you guys might want to know about this.

Thank you,

[REDACTED]

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Exhibit 49

FW: Incident Report 11/3/21

Fri 7/29/2022 10:06 AM

To:melissa alphagenesisinc.com <melissa@alphagenesisinc.com>;William Rinaldi <william@alphagenesisinc.com>
Cc:dreric alphagenesisinc.com <dreric@alphagenesisinc.com>;

This is the specific incident report I was referring about in November 2021.

Regards,

[Redacted signature block]

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From: [Redacted]
Sent: Thursday, November 4, 2021 8:39 AM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Subject: RE: Incident Report 11/3/21

This is reassuring thank you!

[Redacted signature block]

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From: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Sent: Thursday, November 4, 2021 8:30 AM
To: [Redacted]
Subject: RE: Incident Report 11/3/21

Just to let you know that I am working with Ryan and [Redacted] to come up with a system of checking single cages to prevent these incidents from happening. Thanks for all your input!

From: [Redacted]
Sent: Wednesday, November 3, 2021 2:38 PM
To: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>
Subject: Incident Report 11/3/21

Date: 11/3/2021

ID: DFVZ & DFTB
Species: Macaca mulatta
Location: Building 11A
Project: 85000

Reporter: [REDACTED]

Reason: Floor pan and floor divider not secured, allowing two male Rhesus Macaques (DFVZ and DFTB) to fight and injure each other.

Details:

DFVZ and DFTB were moved from building 31 to building 11A (cages 20 (top) and 22 (bottom) respectively) on 11/2/2021 by the processing department. The animals were able to move the floor pan and floor divider, allowing for an altercation to take place sometime between the late afternoon of 11/2/2021 and the morning of 11/3/2021.

When I first arrived in building 11A on the morning of 11/3/21 I spoke with [REDACTED] an animal care technician. [REDACTED] informed me he told colony managers about potential cage deficiencies and flaws (referring the cage DFVZ and DFTB were placed in) a few months ago. [REDACTED] stated he informed colony managers the cage was difficult to clean and needed extra locks for securing the dividers and pans. [REDACTED] was very upset about the situation, as he foresaw an event like this taking place.

Shortly after speaking with [REDACTED], I called for Ryan (Colony Manager), [REDACTED], and [REDACTED]. All three showed up in building 11A to discuss this incident. [REDACTED] told me her and [REDACTED] were given approval by maintenance and the colony managers to place the animals in the cage. Allegedly, according to [REDACTED], maintenance had inspected the cage and given it approval to use. [REDACTED] admitted she had noticed one of the brass locks was missing (brass locks are used to prevent the floor pan from sliding). I asked her why she didn't go out to look for a replacement brass lock and she claimed to have "tested" the pan and floor divider before placing animals in the cage unit (which didn't move). She admitted, later in the day, that she should have said something/gone looking for a replacement brass lock. However, she felt the animals would be safe because maintenance and colony managers had given her the approval to use the cage.

[REDACTED] was aware of [REDACTED] concerns (mentioned in the second paragraph). However, there were no suitable backup cages, and the brass locks would, in theory, secure the floor pan and floor divider. However, since a brass lock was missing from this unit, the pan and divider were easily moved by the monkeys. In hindsight the cage should have been more thoroughly inspected by all three departments (maintenance, processing, and colony managers) before the animals were placed in this unit.

Recommendations:

There's been a recent trend of incidents taking place where animals are breaking open cage dividers or moving floor pans, inevitably fighting. While the finger can't be pointed at any one department or individual, these incidents are preventable. We need better communication between all departments. Individuals need to step up and speak out if they see something is wrong or missing.

[REDACTED] [REDACTED]
Also, more secure and up to date housing (cages) need to be purchased for the volume of animals coming into and being moved around the AGI YPC campus.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
230209Y04	2/9/2023	11.20	Smooth		Good	Normal	150	40	RHD4 missing		Pink	<2	Normal		N/A	2.5/5	Healed wound on right knee, thinning of skin noted. Superficial abrasion under right side of mandible.
211103Y08	11/24/2021	4.17	Rough		Good	Normal	124	36			Pink	<2	Normal		N/A	3.0/5	All wounds healed well. Animal in good health. Will continue to be a boarder until home location has an open cage.
211103Y08	11/17/2021	6.72	Alopecia		Good	Normal	120	40			Pink	<2	Normal	Enlarged uterus		3.0/5	Wounds healing well, no signs of infection. Removed one loose suture from cheek pouch laceration.
211103Y08	11/10/2021	5.87	Alopecia-overgrooming		Good	Thin	156	52			Pink	<2	Normal	PG-2nd Tri		2.5/5	LAC ON BACK HEALED; WOUNDS AROUND L EAR HEALING WELL, REMOVED SUTURES. LAC ABOVE UPPER LIP HEALING WELL. SMALL OPEN WOUND ON L SIDE OF MOUTH, SUTURED CLOED; SMALL OPEN WOUND ON R KNEE. CLEANED ALL WOUNDS WITH BETADINE, NO SIGNS OF I NFECTION.
211103Y09	11/3/2021	12.75	Smooth		Good	Normal	160	20	d 3 broke		Pink	<2	Normal		N/A	3.0/5	r canine cracked, 6 gashes to face, lip split in half ap. 3 in long ,back laceration 4.5 in long ab 0.5 cl deep, lac

211103Y08	11/3/2021	0.30	Smooth		Poor	Thin	216	56		White	4	Normal		N/A	1.0/5	to check pouch didn't go through cheek, sutured and cleaned healthy tissue Right canine cracked, 6 gashes to face, lip split in half approximately 3 inches long, back laceration 4.5 in long and deep, cheek pouch laceration, sutured and cleaned healthy tissue	
210804Y02	8/11/2021	11.27	Smooth		Good	Normal	124	24	RH d 3 prev amp	Pink	<2	Normal		N/A	3.0/5	Lacerations have healed	
210804Y02	8/4/2021	10.46	Smooth		Good	Normal	168	36		Pink	<2	Normal		N/A	3.5/5	MULTIPLE LACERATION ON FACE, NECK, SHOULDERS	
200519Y2001	5/19/2020	8.83	Alopecia	Not Recorded	Good	Normal	160	32		N/R	Pink	2	Normal	Not Recorded	N/A	2.0-2.5/5	TRAUMA- LEFT NECK AND LEFT SHOULDER. SHOULDER HAD LACERATION INTO MUSCLE ALSO.
200303Y2001	3/31/2020	9.36	Smooth	Not Recorded	Good	Normal-thin	140	40	RH/D4 GONE	N/R	Med Pink	1 SEC	Normal	Not Recorded	N/A	2.0-2.5/5	ALL WOUNDS APPEAR TO HAVE HEALED, NHP HAS GAINED SOME WEIGHT SINCE LAST EXAM, OK TO RTG PER DVM
200303Y2001	3/24/2020	9.12	Smooth	Not Recorded	Good	Normal	144	24	Right hand D4 previous amputation.	N/R	Pink	<2	Normal	Not Recorded	NPg	2.0-2.5/5	Weight gain since previous exam. NHP is not dehydrated and has NBM. All wounds are healing. Right hand injury is granulating over well, no need for any further bandages. No infections noted.
200303Y2001	3/16/2020	8.47	Smooth	Not Recorded	Good	Normal-thin	160	40		N/R	Pink	1	Normal	Not Recorded	N/A	2.0-2.5/5	HEALING NORMALLY. ALL WOUNDS HEALING BY

200303Y2001	3/3/2020	9.60	Smooth	Not Recorded	Good	Normal	160	Not Recorded		N/R	Pink	<2SEC	Normal	Not Recorded	N/A	3.5/5	SECOND INTENTION, NOT INFECTED, CLEAN AND DRY. CHANGED ARM BANDAGE TO HONEY TODAY. REMOVED FACIAL SUTURES. MULTIPLE SEVERE MALE LACERATIONS ON RIGHT SIDE OF CRANIUM BEHIND EAR, LEFT CHEEK RIGHT FOREARM MEDIAL SIE
190911y1003	9/11/2019	9.10	Smooth	Not Recorded	Good	Normal	180	50		N/R	Pink	<2SEC	Normal	Not Recorded	N/A	3.5-4.0/5	PULLED FOR N/U LEFT ARM. NO SWELLING OR TRAUMA SEEN ON LIMB AND NHP APPEARS TO USE IT FINE. OVERNIGHT OBSERVATION

Case ID 211103Y04

ID Number DFTB

Clinic 1
 Initial DX Trauma, conspecific induced
 TX Location 30B
 Check In Date 11/3/2021
 Check In Weight 13.30
 Check In By CB
 Final Disposition Discharged
 Disposition Date 12/8/2021
 Disposition By ■

Sex Male
 Home Location 18B03-4
 Current Location 18B03-4
 Previous Weight Date 7/2/2021
 Previous Weight 13.01
 Birthdate 1/1/2013
 Dye Mark RT1

EXAMS

#	TYPE	PROBLEMS	DATE	TIME	EXAMINER	WEIGHT	REPRODUCTIVE CONDITION	ABDOMINAL PALPATION	MENTAL STATUS	TEMP	HR	RESPIRATION	CRT	FEMORAL PULSE	HEART SOUNDS	LUNG SOUNDS	HYDRATION DEHYDRATION	MM COLOR	MM MOIST
4	Re-evaluation	HAS MAINTAINED WEIGHT SINCE LAST EXAM; HAS HAD FS=2.5 FOR THE PAST 6 DAYS.	11/29/2021	08:15	ES	11.83	N/A	Normal	BAR/Sedated	100.2	120	30	<2	Strong	Normal	Normal	Good 0%	Pink	Moist
3	Re-evaluation	Has had bloody dia and fair appetite for two days. Has lost 9 % body weight. Hydration remains good to fair. Dewormed and on inectible baytril. Will not eat baytril cups. Scale is also small for NHP	11/22/2021	08:00	EG	11.80	N/A	Normal	BAR/Sedated	100.2	148	36	<2	Strong	Normal	Normal	Good-Fair 2%%	Pink	Moist
2	Exit	Healing well, removed sutures	11/9/2021	08:00	EG	13.15	N/A	Normal	BAR/Sedated	100.1	88	24	<2	Strong	Normal	Normal	Good 0%	Pink	Moist
1	Entrance	Presented to clinic 30B for traumatic injuries after floor pan between this NHP and another NHP was slide out. NHP "DFTB: presented with a 4 inch deep longitudinal laceration on the dorsum, extending from the back of the neck to the area between both shoulder blades. Deep laceration to the left nare and gums. Hard palate laceration. 1 inch deep laceration on cranial apsect of right shouder. Two small puncture wounds on right arm. Three small puncture wounds on left arm.	11/3/2021	N/A	CB	13.30	N/A	Normal	BAR/Sedated	100.7	140	32	<2	Strong	Normal	Normal	Good 0%	Pink	Moist

Exhibit 50

RE: N238 Incident

Allison Ruhde <aruhde@alphagenesisinc.com>

Fri 3/31/2023 1:12 PM

To: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

<dreric@alphagenesisinc.com> Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: [REDACTED]
*he is not

Correction!

From: Allison Ruhde

Sent: Friday, March 31, 2023 1:12 PM

To: [REDACTED] dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED] Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: [REDACTED]

Subject: RE: N238 Incident

All,

I will be doing the investigation and will let the appropriate individuals know of my findings but at this time it is not clear what happened for this animal to be in the incorrect enclosure. I will be speaking with the supervisor who was on that day to see if she has more information.

I am happy that this animal will be OK. It would be very unlikely that this animal contracted Herpes B but we are taking the appropriate actions to ensure he is.

Thank you for all the information,
AR

From: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>

Sent: Friday, March 31, 2023 1:02 PM

To: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED] Allison Ruhde <aruhde@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc: [REDACTED]

Subject: RE: N238 Incident

[REDACTED] will not be shipping N238 anytime soon, it could even be a year or so. Also, they will also not be going to HPC during their visit. This is more of a regulatory compliance visit, they'll be looking more at documentation and will only do a quick tour at YPC.

From: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>

Sent: Friday, March 31, 2023 12:48 PM

To: [REDACTED] Allison Ruhde <aruhde@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>

Cc: [REDACTED]

Subject: RE: N238 Incident

I would then consider him exposed and rejected from NEM04B.
So yes derivation in a cage.

[@melissa alphagenesisinc.com](mailto:melissa@alphagenesisinc.com) do we know when [REDACTED] was going to want N238 to be moved to caging or what they were for?

Do we want to consider bringing him to YPC and going to building 20 in a cage?



ideally looking at another Cyno and go through a derivation program?
Depending on what the intent was with [redacted] and what we think the risk is we could consider getting N241 from NEM04A whos is a similar sized [redacted] male who is also approaching the bachelor group age. They could potentially be pair housed.

Let me know what you all think

Dr. Eric Granato, DVM, MLAM.

Interim Attending Veterinarian,
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843-589-5190
843-589-5290 (fax)
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From: [redacted]
Sent: Friday, March 31, 2023 12:36 PM
To: dreric.alphagenesisinc.com; [redacted] [Allison Ruhde](#); [Ryan Mistretta](#)
Cc: [redacted]
Subject: RE: N238 Incident

NEM04B is where we had 030959 come back Herpes B suspect via histopathology.

N238 was being treated repeatedly for trauma and had more minor trauma today and was isolating. While he was not being severely injured, it does not appear he was being very accepted.

From: dreric.alphagenesisinc.com <dreric@alphagenesisinc.com>
Sent: Friday, March 31, 2023 12:16 PM
To: [redacted] Allison Ruhde <aruhde@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: S [redacted]
Subject: RE: N238 Incident

Really unfortunate this is a [redacted] animal right before their visit.
Any possible escape routes through the chain link? Or possible issues with the backup?

What is NEM04B derivation for, I don't remember.

How was he found today? Was there more trauma? Sounds like the initial issues were social hierarchy related and then he was fine for two weeks?
Do we know what [redacted] plans to do with him? He is 4 years old and would be pushed out of the natal group soon anyways to be in a bachelor group.
Do we know if they were starting to accept him in NEM04B ?

Dr. Eric Granato, DVM, MLAM.

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From: [REDACTED]
Sent: Friday, March 31, 2023 11:17 AM
To: dreric.alphagenesisinc.com; Allison Ruhde; Ryan Mistretta
Cc: [REDACTED]
Subject: N238 Incident

Hi all,

Some of you are already aware we had an incident today in which N238 was found in the wrong location. He is, for the most part, unharmed. [REDACTED] and I did some digging and found the following:

- He was observed on 3/12/23 in NEM04A (his correct home location) by [REDACTED] to have “facial trauma and leg injury to L ankle and foot[...] pull in the am.”
- According to the pull log on 3/13/23 an animal with the same dye mark (RA1) and same trauma was examined but not pulled. However, the location is written as NEM04B in the pull log, rather than NEM04A.
- On 3/14/23 [REDACTED] observed in NEM04B “RA1[...]blood on face cut on RIGHT side of face/ear.” [REDACTED] possible pull next day.”
- On 3/15/23 the pull log states RA1 in NEM04B was not pulled for “laceration to R side of face” and was designated [REDACTED].

I have photos of these logs and obs if necessary. My best guess is that somehow, when the animal was examined on 3/13/23, but not pulled, he was placed back into the wrong area. That seems like a stretch, but it’s the only idea we’ve come up with.

I’m not sure how exactly to proceed given that NEM04B, where N238 was found, is currently undergoing derivation. We’ve place N238 in a 4-pack alone, in the far-bottom cage in HC11D. Does he need to complete the remaining derivation with NEM04B, board until they’ve been cleared (should be mid-July), or complete a full derivation on his own?

Thanks,

[REDACTED]
[REDACTED]

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843-589-5290 (fax)
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Exhibit 51

[REDACTED]

From: Ryan Mistretta
Sent: Friday, October 21, 2022 12:37 PM
To: [REDACTED]
Subject: RE: [REDACTED]

I am supportive of your current plan. I would go ahead and put together the disciplinary actions and send them to Paula (at least based off the email they sent us all this morning). [REDACTED] has now had multiple instances of disciplinary action to include her demotion. Based off what you are saying it would seem the injury should have been very obvious if observations were performed properly. I will be over there in a little bit if you want to talk about it in person first.

Ryan J. Mistretta, BS RLAT CLABP

Director of Operations
Alpha Genesis Inc.
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843-589-5290 (fax)
www.AlphaGenesisInc.com



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Please consider the environment before printing this e-mail.

From: [REDACTED]
Sent: Friday, October 21, 2022 12:34 PM
To: Ryan Mistretta <ryan@alphagenesisinc.com>
Subject: [REDACTED]

We had an nhp pulled to clinic today with a necrotic, skin sloughing wound on her side, she may not survive simply due to the infection. [REDACTED] was on obs yesterday. This wound is at least 3 days old, but I suspect closer to 5-6. I plan on writing up everyone that had obs on that row tues, wed, & thurs. But [REDACTED] missing yesterday was the most egregious. I already told [REDACTED] that she needs to be suspended 1 day. I was going to give her the write up today & suspend for next wed, but since she has a history of not showing anytime she is reprimanded, I will just do all the write ups together next week, then if she bails, no problem for us. However, I do think the severity of this wound & her not seeing it yesterday with her length of time here, would warrant more severe action or even termination. I also wanted to get your opinion on how to proceed with this before taking any definitive action.
Thanks!

[REDACTED]

MEDICAL CASE INFORMATION

Case ID 221021H02
 Clinic 1
 Initial DX Trauma
 TX Location LHC11F20-d/c
 Check In Date 10/21/2022
 Check In Weight 8.32
 Check In By [REDACTED]
 Final Disposition Discharged
 Disposition Date 11/15/2022
 Disposition By [REDACTED]

ID Number DL9F
 Sex Female
 Home Location HPC07A
 Current Location HPC07A
 Previous Weight Date 3/10/2022
 Previous Weight 9.36
 Birthdate 5/15/2005
 Dye Mark LF=

EXAMS

#	TYPE	PROBLEMS	DATE	TIME	EXAMINER	WEIGHT	REPRODUCTIVE CONDITION	ABDOMINAL PALPATION	MENTAL STATUS	TEMP	HR	RESPIRATION	CRT	FEMORAL PULSE	HEART SOUNDS	LUNG SOUNDS	HYDRATION DEHYDRATION	MM COLOR	MM MOISTU
4	Re-evaluation	wound on dorsum contracting, healthy granulation tissue. No evidence of infection. Healed adequately to d/c case	11/11/2022	08:40	NW	8.44	NPg	Normal	BAR/Sedated	100.1	142	32	<2	Strong	Normal	Normal	Good 0%	Lt Pink	Moist
3	Re-evaluation	laceration upper back granulating and contracting	11/4/2022	08:14	SW	8.34	NPg	Normal	BAR/Sedated	99.7	156	28	<2	Strong	Normal	Normal	Good 0%	Pink	Moist
2	Re-evaluation	Pocket closing with granulation tissue present	10/28/2022	N/A	KES	8.28	NPg	Normal	BAR/Sedated	101.6	180	30	<2	Strong	Normal	Normal	Good 0%	Pink	Moist
1	Entrance	RT SIDE DORSAL LARGE NECROTIC WOUND DOWN TO THORACIC MUSCLES; SLIGHTLY SMALLER WOUND ON THE VENTRUM BUT ALSO MUSCLE INVOLVEMENT. LARGE COMMUNICATING POCKET BETWEEN THE 2. 1 PUNCTURE ABOVE THE VENTRAL WOUND. VERY STRONG ANAEROBIC ODOR. LIMITED EXAM DUE TO SEVERITY OF WOUNDS.	10/21/2022	N/A	KES	8.32	NPg	Normal	BAR/Sedated		180	30	<2	Strong	Normal	Normal	Good %	Pink	Moist

VET ORDERS

#	DATE	TREATMENT	AMOUNT	UNIT	DOSE	ROUTE	FREQ	VET	COMMENTS
2	11/16/2022	Returned to group						[REDACTED]	
1	11/16/2022	Mash				PO	BID	[REDACTED]	
2	11/15/2022	Returned to group						[REDACTED]	
1	11/15/2022	Mash				PO	BID	[REDACTED]	
1	11/14/2022	Mash				PO	BID	[REDACTED]	
1	11/13/2022	Mash				PO	BID	[REDACTED]	
1	11/12/2022	Mash				PO	BID	[REDACTED]	
5	11/11/2022	Clinical exam						[REDACTED]	
4	11/11/2022	Vetericyn				Topical		[REDACTED]	upper back
3	11/11/2022	Protein powder supplement				PO	BID	[REDACTED]	
2	11/11/2022	Nutri-Cal				PO	BID	[REDACTED]	
1	11/11/2022	Mash				PO	BID	[REDACTED]	
4	11/10/2022	Vetericyn				Topical		[REDACTED]	upper back
3	11/10/2022	Protein powder supplement				PO	BID	[REDACTED]	
2	11/10/2022	Nutri-Cal				PO	BID	[REDACTED]	
1	11/10/2022	Mash				PO	BID	[REDACTED]	













Exhibit 52

[REDACTED]

From: [REDACTED]

Sent: Monday, August 22, 2022 1:48 PM

To: [REDACTED]

Cc: [REDACTED]

Ryan Mistretta <ryan@alphagenesisinc.com>; drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Subject: k773

Today AC tech was washing down HC03B NHP holding room and he noticed K773 (HC03B05) had blood on her face and her tongue appeared to be "ripped off and hanging." K773 and her untagged infant were taken to clinic.

I went to assess the cage situation once NHP was removed to see if wounds were self-inflicted. K773 had grate access to the female next to her, which is her sister. There was no blood on either side of the grate, no sign of blood in HC03B06'S cage or on that nhp. [REDACTED] and I looked over the cage to see if there were any cage problems that would have potentially caused this trauma. The cage appeared completely intact and safe.

K773 was placed in HC03B06 on 8/15/22 by [REDACTED]. She was pulled from HPC12A due to group behavioral reasoning. 1 female from 12a was in clinic as a foster DAM, 2 were pulled with trauma and I informed the vet techs to remove the 2 remaining sisters from the group. (i can give more details on the behavioral situation if needed) Vet techs pulled the 2 females from 12a and were instructed by me, if they did not have trauma or any other reason to be treated, they could go into single cages in sales clinic for now.

On the observation sheet for 8/16/22- [REDACTED] stated she had facial trauma. on 8/18/22 - [REDACTED] stated facial abrasions. 8/19/22- [REDACTED] nothing stated about blood or trauma, but a note was written about the infant being "QAR". 8/20/22- [REDACTED] stated "Mensing? blood, no trauma seen." 8/21/22- [REDACTED] stated blood in cage.

When the nhp was brought to clinic today, she had no facial abrasions, her face was bloody due to her tongue. My best assumption is that this NHP had some type of trauma before coming out of her group on 8/15/22. Vet techs would not have seen this when doing an awake eye examination while pulling, due to it being inside her mouth, and her not being sedated.

It might be a good idea to remind the techs that if they see blood during obs, especially in single cages, they need to attempt to determine where the blood is coming from and if the animal needs treatment.

MEDICAL EXAMS

CASE NUMBER	DATE	WEIGHT	HAIRCOAT	SKIN	HYDRATION	BODY FAT	HEART RATE	RESPIRATION	DIGITS	EYES	MUCOUS MEMBRANE COLOR	CRT	AB PALPATIONS	THORAX AUXC	REPRODUCTIVE	BCS	PROBLEMS
220822H04	8/29/2022	6.77	Alopecia		Good	Normal	176	28	right hand digit 2 o		Pink	<2	Normal		With Infant	3.0/5	tongue partial amputation healed, NHP eating hard biscuits
220822H04	8/22/2022	6.72	Alopecia		Good	Normal	180	40			Pink	<2	Normal		With Infant	3.0/5	tongue partially torn midway with necrotic distal areas, minor abrasion left lateral elbow
190315H2001	3/22/2019	2.91	Smooth/Alopecia-overgrooming	Not Recorded	Good	Normal	156	40		N/R	Pink	<2	Normal	Not Recorded	NPg	2.5-3.0/5	LEFT LIP CANTHUS: SUTURES INTACT, HEALING WELL.
190315H2001	3/15/2019	2.88	Smooth	Not Recorded	Good	Normal	208	56		N/R	Pink	<2	Normal	Not Recorded	NPg	2.5-3.0/5	LEFT LIP CANTHUS LACERATION, FULL THICKNESS, 3CM, JAGGED
180109H2007	2/6/2018	1.41	Smooth	Not Recorded	Good	Normal	152	56		N/R	Pink	<2	Normal	Not Recorded	NPg	3.0/5	WOUNDS HEALED, DAM NBM. WILL RTG.
180109H2007	1/30/2018	1.32	Smooth	Not Recorded	Good	Normal	144	60		N/R	Pink	<2	Normal	Not Recorded	NPg	3.0/5	WOUND RIGHT ELBOW IS COMPLETELY HEALED
180109H2007	1/23/2018	1.30	Smooth	Not Recorded	Good	Normal	144	52		N/R	Pink	<2	Gaseous bowel	Not Recorded	NPg	2.5-3.0/5	RIGHT FOREARM HEALING AND DRY 95% HEALED
180109H2007	1/16/2018	1.39	Smooth	Not Recorded	Good	Normal	176	72		N/R	Pink	<2	Normal	Not Recorded	NPg	3.0/5	RIGHT FOREARM: WOUND HAS RE-OPENED (DAM LIKELY PICKED SUTURES), GRANULATING, IRREGULAR EDGES, TOO MUCH TENSION TO RE-SUTURE.
180109H2007	1/9/2018	1.36	Smooth	Not Recorded	Good	Normal	220	48		N/R	Pink	<2	Normal	Not Recorded	NPg	3.0/5	RIGHT ARM: SWOLLEN, CRUSH TRAUMA,

Exhibit 53

From: drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Sent: Sunday, August 21, 2022 5:11 PM

To: [REDACTED] dreric@alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED]

Subject: Weekend update

Saturday:

HPC: R699 from HB02 was pulled for dehydration and diarrhea, treatment started, currently in HC11A16. H87C and infant S633 were pulled from Q02B, dam had trauma to left calf, currently in HC11F04. At around 1:25pm [REDACTED] texted me a picture of the pulls for Sunday and there was a monkey in a single cage in HBC (P404) with bloody diarrhea and dehydration. I asked her why wasn't that monkey pulled on Saturday since it was in a single cage. She said that [REDACTED] put it on the board and didn't tell anyone beforehand. I told [REDACTED] to have [REDACTED] bring the monkey to the clinic for treatment but [REDACTED] left early because she had a headache. I had [REDACTED] do an exam on the monkey and start treatment, she treated the monkey in HBC and left it in its cage. I would have preferred it to be taken to the hospital but by the time she told me it was late and the monkey had already recovered from sedation. I gave her instructions to have the monkey brought to the clinic Sunday morning. I texted [REDACTED] and explained that if a single caged animal needs treatment it should be addressed the same day. She said she saw it early in the morning but got busy and wasn't sure who to call. I explained that she can radio the other vet techs or call/text the on call vet for further instructions.

YPC: AV83 was found down in 16H01 with a firm abdomen, azotemia, hyperkalemia and hypothermia. That monkey was diagnosed with a leiomyosarcoma back in 2019. Due to poor prognosis I authorized euthanasia. DI9P from 18A12 was found sunken eyed with bloody diarrhea so it was pulled to clinic 26 for treatment. A10E070 was pulled from COR8B for an infected laceration in the upper back, treatment was started, currently in 30A08.

Sunday:

YPC: DI38 in 02J03-1 and N909 in 02D04 found to have diarrhea for the second day today so I instructed [REDACTED] to start them on pepto.

HPC: P404 was brought to clinic and found 10% dehydrated and bloody mucoid diarrhea, IV fluids and treatment were continued, animal currently in HC11A09. N198 was pulled for puncture wounds in the right wrist from Q14 (HC11F13). H40M pulled from ARC03A for trauma in tail base (HC11F15). N103 pulled from ARC06B for not using right foot (HC11F15). [REDACTED] checked the ipad to see if there was any notes recorded for an animal not using in ARC06B and noticed obs were missing for a couple of days in ARC06B. H65A and infant S451 (both in HC11E22) were pulled from HPC09A for trauma. P218 (HC11E04) was also pulled because H65A is her dam we didn't want to leave her in the group due to possible rejection. R413 (HC11E16) was also pulled from HPC09A with trauma. All these monkeys will need to be notified to behavior when they are done with treatment.

Hope you all enjoy the rest of your Sunday!

Lynette Gierbolini, DVM

Exhibit 54

[REDACTED]

From: Ryan Mistretta
Sent: Wednesday, December 7, 2022 3:09 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: NHP movements

Thank you for the information. I will certainly follow up with [REDACTED] and other individuals if needed regarding this situation.

Ryan J. Mistretta, BS LAT CLABP

Director of Operations & Institutional Official

Alpha Genesis Inc.

866.789.MONK (6665)

703-927-5294 (cell)

843-589-5290 (fax)

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Please consider the environment before printing this e-mail.

From: [REDACTED]
Sent: Wednesday, December 7, 2022 3:00 PM
To: Ryan Mistretta <ryan@alphagenesisinc.com>
Cc: [REDACTED]
Subject: NHP movements

Hey Ryan! Sorry to bother you again, but I feel this goes with the general apathy towards the animals that goes through AGI.

[REDACTED] just came to let us know about some NHPs she needs to remove from some groups that are not likely to cause a major issue. During the discussion, it came up that [REDACTED] (& Melissa) will select an NHP to move & either will have processing do it without consulting [REDACTED], or [REDACTED] will be told about it but not asked to assess the situation. Apparently, this seems to be a big contributing factor to our unstable groups. This makes no sense to me, but I absolutely believe it with knowing how concerned some are about the money & clients. We have discussed before that if the clients are told something will have to wait for the welfare of the NHPs, they are not likely to push back and how if they keep having constant trauma or deaths in their NHPs due to this sort of thing, they are more likely to pull contracts. So I feel this needs to be an SOP and no going around it that NO NHPs should be moved without a behavior evaluation first. [REDACTED] said her & [REDACTED] were going to have a conversation about it with [REDACTED] next week, so maybe follow up with them about that, but this should be a standard unbreakable rule to prevent the wrong NHP from being taken out of

a group & destabilizing them. I know [REDACTED] is trying to catch up, but honestly, ensuring we are doing safe movements is most important & it takes as long as it takes for her to get to it.

Thanks!



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[REDACTED]

From: [REDACTED]
Sent: Wednesday, December 7, 2022 3:02 PM
To: melissa.alphagenesisinc.com; [REDACTED]
Cc: [REDACTED]
Subject: sales action emails

Hi all,

Could I ask if everyone would try to make sure that our behaviorist [REDACTED] is copied on all emails pertaining to sales actions at HPC including the initial one asking us to pull and prep animals? She seems to be getting missed on some of these communications, and it is very important that she be kept aware of animal movements so she can take note of and deal with potential behavioral issues that might arise.

In addition to that: Melissa I was wondering if, when you send the final ship list for a sales action, you could also include a list of all the animals that were dropped? That way it will be easy for us to see which animals are left in cages so we can do something with them in a timely manner. Right now, find this information by searching through our emails for the original list to compare, but that is time-consuming and difficult especially when larger numbers of animals are involved and old emails do occasionally disappear....

Thank you,

[REDACTED]

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Exhibit 55

[REDACTED]

Fwd: [EXTERNAL] SIB Case Question

[REDACTED]

Wed 7/6/2022 7:10 PM

[REDACTED]

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From: [REDACTED]
Sent: Wednesday, July 6, 2022 6:22 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] SIB Case Question

Good morning,

Thank you both very much for the detailed information! Based on both of your experiences, and the environment with which V125 is currently housed in, I think I've figured out multiple ways to help her. I do agree with you, [REDACTED], on her and her colony's reaction to newer environments and stimuli. I also had another quick question. Did she specifically react well to cognitive toys and PHI sessions? You mentioned she was a very timid and anxious NHP, which makes me think human interactions would only exacerbate her stress

[REDACTED]

Yemassee Primate Center

[REDACTED]

[REDACTED]

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Please consider the environment before printing this e-mail.

From: [REDACTED]
Sent: Tuesday, July 5, 2022 3:43 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] SIB Case Question

Oh yes, I think I blocked that incident out of my memory! That was a traumatic morning for all of us and definitely not what I expected when I walked in her room that morning. The whole room and all staff were a bit "off" after that. It was very difficult for her to self-interrupt once the SIB started and virtually impossible for me to redirect her that day. When she was in the middle of the bouts I honestly was wishing for some Haldol but the ketamine and diazepam worked settled her enough to get her through that bout.

From: [REDACTED]
Sent: Tuesday, July 5, 2022 12:51 PM

[REDACTED]

To: [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] SIB Case Question

One last thing I forgot to mention, we are able to use diazepam on an emergency basis for SIB, and I did so once with V125. She was repeatedly self-biting and breaking the skin one morning when there was another NHP in the room who was doing chair acclimations and fell to the floor as she was trying to jump into the chair from her cage. It created a large commotion in the room. [REDACTED] is usually easily able to distract and redirect our NHPs when she catches them self-injuring, but neither she nor any of the other NHP staff were able to distract her this particular time. She received one dose of 0.5 mg/kg Diazepam IM and calmed down a bit, but then began biting again and her wounds were bleeding, so I fully sedated her with 10 mg/kg ketamine IM to clean up her wounds. She also received 0.03 mg/kg buprenorphine IM after I lavaged her wounds, and then she had a course of Rimadyl and Ceftriaxone for a week until her wounds healed. She seemed much subdued the rest of that week. This was on 3/23/22.

All that to say, she may benefit from daily pharmaceutical intervention now that she is somewhere that can accommodate that better.

Thanks,
[REDACTED]

From: [REDACTED]
Sent: Tuesday, July 5, 2022 12:33 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] SIB Case Question

Hi [REDACTED]

All of the animals here had a very rigid and predictable schedule. Due to the nature of the studies everything had to be done at very specific time intervals and that carried over into our breeding colony as well. I have read many studies that have shown that predictability is beneficial for the animals however, with this colony in particular I would argue it had adverse consequences. None of the animals were able to adapt well to the smallest changes compared to other animals that I've worked with that have had a slightly more flexible schedule at other facilities. The majority of our nhp staff have been here from 10-30+ years so, they have the same people caring for them daily (we're a very small group compared to large facilities like you guys!).

The first incident I wasn't able to identify what caused her to self-bite and she had never once shown any signs of abnormal behaviors or precursors to self-biting prior to the incident. I honestly even refused to believe that V28 had anything to do with it either as they were our best female pair. They were always engaged in positive affiliate behaviors whether it was grooming, huddling or just social contact and there were no signs of food aggression etc. I monitor our pairs closely and always look for indicators that pairs might be falling out so, I can try and stop it before it happens. Unfortunately, this facility does not allow us to video which I find to be such a critical tool when trying to identify specific animals triggers as a lot of times they don't occur in our presence. I will say after we separated V125 and V28 and I observed V125 self-biting I did notice that one female in particular happened to be a trigger and that was 6-63. We did reconfigure the room to move V125 away from 6-63 (even though they'd been housed next to each other for a long time). This appeared to help and proved that V125 was in fact self-harming so, I was able to repair her with V28. V125 was still observed to self-bite but it was very infrequent and she did not break the skin. I should note that we also discontinued chair acclimation with her as she was not making any progress and she often would injure her toe(s) either exiting or returning to her cage. V125 is a very timid and anxious animal and I felt it was in her best interest for her welfare to discontinue acclimation.

As [REDACTED] previously mentioned we are very limited on the use of any pharmaceutical intervention here so, no drug intervention has been attempted with V125. She did receive daily enrichment devices that are rotated and we try to make them as complex as novel as possible to make sure we stimulate them and maintain some level of novelty. Daily they're provided with a different sensory cart whether it's tv, radio, Christmas lights, jelly fish tanks, perpetual motion toys, white noise machines, wind spinners, water fountains etc. 2-5 times a week they would go to play cage. It really just depended on the week. Lastly, 3-5 times a week all the animals were provided with supplemental cognitive enrichment such as positive reinforcement training, cognitive puzzles, tablets, electronic toys, positive human interaction (including grooming), enrichment racks etc. I really try to make sure they don't get bored and fill as much of their time as possible to try and limit the time they have to sit idle and develop abnormal behaviors. ! It saddens me to hear that she has started to wound again. I hope that you have more

flexibility in treatment/options and are able to help figure out what is triggering the behavior once and for all. If you have any further questions please do not hesitate to ask!

Thanks!

From: [REDACTED]
Sent: Tuesday, July 5, 2022 10:55 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] SIB Case Question

Hi [REDACTED]

Sorry to hear she is having recurring SIB. I am looping in our behaviorist as well, as she can give you more information about V125's behavior and enrichment strategies to prevent her SIB.

According to our records, the first instance of suspect SIB was 12/30/21 with bite wounds on the right inner calf and left outer calf near the knees. We actually thought it was her cage mate V28 that caused these wounds, so we separated this pair and started her on Baytril and Ketoprofen. These wounds healed over, then reopened due to abscessation on 2/7/22, so the wounds were copiously flushed and she was treated again with Baytril and Rimadyl.

3/21/22 is when our behaviorist actually caught V125 injuring herself in these areas, and we realized it was likely her back in December as well and not her partner. So we moved her old partner back to next door to her in the quad and reintroduced them slowly after this incident. She self injured the same areas again on 4/7/22 and 5/13/22, even while paired again with V28.

We had a lot of difficulty identifying her triggers. Unfortunately due to the nature of the studies here, pharmacological treatment of SIB is not allowed in the protocols, so we did not try any medication to prevent the SIB. She was on additional enrichment for the SIB, and I believe we had to move some cages in the room so she was no longer near another NHP that may have been triggering her episodes. Hopefully [REDACTED] can speak more to this.

I hope this helps with the management of her case.

Thanks,

[REDACTED]

[REDACTED]



From: [REDACTED]
Sent: Tuesday, July 5, 2022 10:34 AM
To: [REDACTED]

Cc: [REDACTED]

Subject: [EXTERNAL] SIB Case Question

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

Good morning,

My name is [REDACTED], and I am [REDACTED] at Alpha Genesis, Inc. in South Carolina. I'm contacting you regarding your previous SIB case, V125. She had no instances of SIB when she first arrived and in her first month with us. Now, however, her SIB has started again. To properly assess and treat her and her stressors, I'd like a little information about her during her stay at your facility.

Can you tell me the time frame that she started showing signs of SIB?

Can you tell me the circumstances surrounding it, specifically in terms of who cared for her husbandry, and if there were any notable changes with that or her environment?

Can you tell me what steps were taken to treat her SIB?

Any information you provide will aid myself and the veterinary staff in treating her

[REDACTED]

Yemassee Primate Center

[REDACTED]

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Exhibit 56



Exhibit 57

From: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Sent: Thursday, August 18, 2022 12:32 PM

To: [REDACTED] melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>;

Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED] William Rinaldi <william@alphagenesisinc.com>

Subject: RE: Building 7B CDC Exams from Today

Thanks [REDACTED] for the information.

[REDACTED] is working on the AC tech training program. We take these incidents seriously and disciplinary actions are currently underway.

I will send a separate email regarding my exams in building 19.

From: [REDACTED]

Sent: Thursday, August 18, 2022 12:21 PM

To: melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>; [REDACTED]

Cc: drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]

William Rinaldi <william@alphagenesisinc.com>

Subject: Building 7B CDC Exams from Today

Hi all,

I performed the CDC physicals in building 7B this morning with [REDACTED] helping me out on the processing side. Here are a few monkeys that I have concerns about.

FR2515 (07B06) – 18% weight loss, BCS 1.5/5, moldy food in cage

UG2905 (07B26) – 16% weight loss, BCS 2/5

NR808 (07B41) – 21% weight loss, BCS 1.5/5, moldy food in cage

UG3034 (07B47) – 18% weight loss, BCS 1.5/5, no food in cage

[REDACTED] mentioned it in an email from this morning, but people aren't doing their jobs in building 7. A vast majority of cages had minimal or no food whatsoever. It is not a coincidence that the thinnest monkeys had moldy feed/no food at all in their cages. I will repeat, this is a serious animal welfare violation and if USDA were to come in and see this we'd be getting hit with a hefty penalty. This should not be taken lightly, and people need to be held accountable.

We are slammed on outpatient, but I will add the most critical NHPs (those with significant weight loss) to our outpatient service for weight gain. Dr. Lynette and Dr. Eric please feel free to add NHPs to the outpatient word document and clinic app as you see fit. A majority of thin animals with minimal weight loss with start gaining weight once they are properly fed, so I'll only be adding the four NHPs above to outpatient.

§ 3.82 Feeding.

(a) The diet for nonhuman primates must be appropriate for the species, size, age, and condition of the animal, and for the conditions in which the nonhuman primate is maintained, according to generally accepted professional and husbandry practices and nutritional standards. The food must be clean, wholesome, and palatable to the animals. It must be of sufficient quantity and have sufficient nutritive value to maintain a healthful condition and weight range of the animal and to meet its normal daily nutritional requirements.

(b) Nonhuman primates must be fed at least once each day except as otherwise might be required to provide adequate veterinary care. Infant and juvenile nonhuman primates must be fed as often as necessary in accordance with generally accepted professional and husbandry practices and nutritional standards, based upon the animals' age and condition.

(d) Food and food receptacles, if used, must be located so as to minimize any risk of contamination by excreta and pests. Food receptacles must be kept clean and must be sanitized in accordance with the procedures listed in § 3.84(b)(3) of this subpart at least once every 2 weeks. Used food receptacles must be sanitized before they can be used to provide food to a different nonhuman primate or social grouping of nonhuman primates. Measures must be taken to ensure there is no molding, deterioration, contamination, or caking or wetting of food placed in self-feeders.

Regards,

Exhibit 58

ANIMAL INCIDENT FORM

Date: Aug 13, 2022

Animal Information:

ID: All NHPs
Species: mulattas
Location: Bdg 24
Project:

Reporter: [REDACTED]

Reason: NHPs were not PM Fed as necessary according to the SOP.

Details of Potential Incident Circumstances, Animal and Personnel Involved:

at 3:00 pm, all of the NHP's in Bdg 24 had no biscuits at all in their cages.

Bay F, cages 1-4 need Feeder cups. The holes in the bottom of their cages are large enough to allow whole biscuits to fall through into their cage ~~pan~~ pan, which is usually floosen.

****This form should be completed and turned in to the Attending Veterinarian the same day as potential incident.****

Exhibit 59

[REDACTED]

From: [REDACTED]
Sent: Monday, August 8, 2022 2:50 PM
To: [REDACTED] Ryan Mistretta
<ryan@alphagenesisinc.com>; [REDACTED]
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: RE: UG2947 in 07A54

Absolutely. [REDACTED] spoke to me regarding this situation earlier. I have had a couple of conversations already. Colony Management will be sure to continue to follow up and monitor this situation.

From: [REDACTED]
Sent: Monday, August 8, 2022 2:34 PM
To: [REDACTED] Ryan Mistretta
<ryan@alphagenesisinc.com>; [REDACTED]
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; [REDACTED]
Subject: UG2947 in 07A54

Hi all,

Can you make sure UG2947 (07A54) is being adequately fed? [REDACTED] noticed there was zero food and no feces in the cage over the past 24 hours. Lab work indicates he might have not been fed for multiple days. Just wanted to bring it to your attention, as apparently this NHP is easy to overlook.

Regards,

Exhibit 60

[REDACTED]

Date of Incident: 8/3/2022

ID: NHPs in building 21
Sp: Rhesus & Cynos
Loc: Building 21

Reporter: Dr. [REDACTED]

Reason: NHPs deprived of water for >5 hours with real feel temperatures >100 F.

Details: On August 3, 2022, around 8:15 AM, AGI maintenance division reported the YPC campus would be without water for an indefinite amount of time. The plumbing system supplying water to building 21 needed repairs, hence the water was turned off. At approximately 11 AM on the same day, AGI maintenance division informed employees via two-way radios, that the water had been turned back on to the entire facility. At around 1:15 PM, I was walking past building 21 and noticed maintenance technician [REDACTED] working on the repairs. I observed several NHPs attempting to drink from the lixits, but no water was coming out. I then tested a few lixits and they were dry. [REDACTED] told me the water had been off to building 21 since approximately 8:15 AM. I was confused because maintenance said the water had been turned back on to the entire facility at 11 AM. I immediately informed AC manager [REDACTED] who was also confused because he also thought the water had been turned back on the building 21. Vet techs were notified to hand out frozen treats and gel packs as the real feel was 106F at this time of day. Ryan Mistretta (Colony Supervisor) and [REDACTED] ([REDACTED]) were also notified via email.

Comments:

The failure of maintenance to properly communicate could have resulted in a serious animal welfare violation. Juveniles NHPs are especially vulnerable to the effects of dehydration in a short amount of time. Proper communication must be relayed to the appropriate personnel. If the water is going to be off in the outdoor areas for more than an hour in the summer, supervisors should be notified so alternative arrangements can be made. Despite the untrue claims made by maintenance supervisor [REDACTED] via email, the maintenance team never communicated the water was to remain off at building 21. This was evident by the fact that [REDACTED] [REDACTED] myself, and the vet techs were informed at 11 AM that the water was turned back on to the entire facility. The maintenance team never stated, "water is on, except in building 21". Again, this is a false claim that can be supported by multiple personnel, including [REDACTED] both veterinarians, and the veterinary technician team.

Regards,

Exhibit 61

As we continue to improve communication between the divisions, we will have improved risk mitigation procedures in place. This is a good example of something historically that has not likely been done but we can easily implement changes now. We are also purchasing additional hydropacks to have on-hand that can be tossed out in addition to frozen fruit and treats when water will be down for an extended period (a few hours), but not enough to require complete procedural or equipment changes (pools, running hoses, etc.).

We are also currently looking into an improved version of the flex line that will help eliminate some of the damage we see on a daily basis. This should help significantly in regard to all of the line punctures once we iron-out the details.

All of these events are learning moments that can help us to make improvements in our processes and procedures. We just need to keep a professional approach in place with the end-goal of improving the welfare of the animals under our care and accomplish the company goals set by Dr. Greg.

Ryan J. Mistretta, BS RLAT CLABP

Director of Colony Management

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843-589-5290 (fax)

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www.Facebook.com/AlphaGenesis

Please consider the environment before printing this e-mail.

From: [REDACTED]
Sent: Thursday, August 4, 2022 7:17 AM
To: [REDACTED] Ryan Mistretta
<ryan@alphagenesisinc.com>
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; hr alphagenesisinc.com <hr@alphagenesisinc.com>
Subject: RE: Building 21 water issue

First of all, I never said anyone was sleeping in their trucks or hiding from the storm. These accusations are completely false, and they did not come from my mouth.

Around 11 AM yesterday it was relayed over the radio that the water was turned back on. In fact, if you see the previous email from [REDACTED], he also thought the water to building 21 had been turned back on. Clearly there was a communication error when multiple supervisors thought building 21 had water after 11 AM. Furthermore, there is a **welfare concern** when the water is turned off for 5+ hours in extremely hot conditions when the real feel is over 100 F. Young animals are very susceptible to dehydration. In these situations, animal welfare is top priority. Going forward I propose if water is going to be off in the outdoor areas for more than an hour in the summer supervisors should be notified so alternative arrangements can be made.

And while we're on the topic of welfare, there was a flex line that busted in building 24 Bay G yesterday afternoon. Vet techs reported the flex line was punctured at 1 PM. As of 6 AM this morning, the flex line was still not repaired and four monkeys in the 4-pack were soaking wet. This had gone on for 17 hours. Multiple NHPs were shivering when I went and checked on them this morning.

Regards,



From: [REDACTED]
Sent: Thursday, August 4, 2022 6:24 AM
To: [REDACTED] Ryan Mistretta
<ryan@alphagenesisinc.com>
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED] melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; hr alphagenesisinc.com <hr@alphagenesisinc.com>
Subject: RE: Building 21 water issue

[REDACTED] it was announced that the water was back on for the facility, EXCEPT FOR BLDG 21. My guys had a very difficult repair in 2 different places due to tree roots, parts of stumps and concrete in the ground. We are more than aware of the heat and hydration issues due to crew having to work in it themselves. My guys kept working right through the torrential thunderstorm, on their knees and stomachs in the mud, until they got water to the inside lixits. So, what I need to say is I don't need people telling me that the water needs to go on ASAP when you have no clue what is involved to get the water back on. My guys were not sleeping in the truck nor hiding from the storm. Why was no one else checking to see if the monkeys needed water during this time frame? My guys did their job. Thanks.

From: [REDACTED]
Sent: Wednesday, August 3, 2022 1:34 PM
To: [REDACTED] Ryan Mistretta
<ryan@alphagenesisinc.com>
Cc: dreric alphagenesisinc.com <dreric@alphagenesisinc.com>; drgierbolini alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; [REDACTED]; melissa alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>
Subject: Building 21 water issue

What's the deal with the water being off in building 21 since 8:15 AM this morning? I thought the water was turned back on a few hours ago, but allegedly the water in bldg. 21 is still off. It's currently 93 F (real feel 107F). I saw multiple NHPs trying to drink from dry lixits. I'm having vet techs disperse frozen treats and the last of the hydrogel packs we have, but we can't have this issue linger into tomorrow. We need to get this water back on ASAP.

Regards,

Exhibit 62



ANIMAL POTENTIAL INCIDENT FORM

Date: July 30, 2022, 10:15 Am.

Animal Information:

ID: All NHP's

Species: mulatta + fascicularis

Location: Bldg 16 Bays DEFG LMNO

Project: _____

Reporter: _____

Reason: NHP's are not being washed down or Fed according to the SOP.

BAY L has several cages with mold, specifically 203 who has moldy biscuits and mold in her feeder cup.

BAY E mold in cages 01, 04, 08, 13, 14

BAY L cage 07 is moldy.

BAY N has orange mold all over the place.

Details of Potential Incident Circumstances, Animal and Personnel Involved:

On July 29, 2022, at 10:15am, I noticed Bldg 16 Bays LMNE O had not been washed down or fed. AC [redacted] was called to the building and said he had been waiting for another employee to finish D, E, F, and G so that he wouldn't take from the water pressure. That other employee was not present and had already finished the other bays. [redacted] began to wash down and feed bay N which is orange from mold. Cages, feeder bowls, and enrichment toys have orange mold growing on them. I mentioned it to Jermaine and also called it over the radio so other AC managers could hear. Then I left.

****This form should be completed and turned in to the Attending Veterinarian the same day as potential incident.****



ANIMAL POTENTIAL INCIDENT FORM

Date: July 30, 2022 11:20 AM and ~~4:34 PM~~

Animal Information:

ID: All NHPs
Species: mulatta + fascicularis
Location: Bldg 14 Bays D, E, F, G, L, M, N, O
Project: _____

Reporter: [Redacted] _____

Reason: NHPs are not being washed down and Fed daily according to the SOP.

Bay L, cage 03 has same moldy biscuits and feces as yesterday.

Bay N is still orange from mold.

Bay G is unwashed/unfed. Bays D, O, M are unwashed & unfed.

Bay F is unwashed/unfed, cages 06, 08, 09 all contain mold.

Bay E: cages 01, 04, 08, 13, 14 all contain mold.

Details of Potential Incident Circumstances, Animal and Personnel Involved:

On July 30 at 11:20 AM I saw that Bays D E F G L M N O were not washed down or fed yet. I paid specific attention to Bays L, M, and O due to the prior day's incident. Those bays still contained the same fecal matter as the day prior and the same moldy food. This is evidence that they were not washed down the day before and makes it questionable if they were even fed. I notified Animal Care.

At 4:34 pm, Bay [Redacted] There are several NHPs on Weight Gain treatment in this building. These are problems observed all week long, however, especially worse on Fridays + Saturdays.

****This form should be completed and turned in to the Attending Veterinarian the same day as potential incident.****

Exhibit 63

RE: Water issue building 2 bay C

drreric.alphagenesisinc.com <drreric@alphagenesisinc.com>

Wed 6/15/2022 12:46 PM

To: drgierbolini.alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc:

Sounds great thanks

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian,

866.789.MONK (6665)

843-589-5190

843-589-5290 (fax)

www.AlphaGenesisInc.com



From: drgierbolini.alphagenesisinc.com

Sent: Wednesday, June 15, 2022 12:37 PM

To: drreric.alphagenesisinc.com; [Ryan Mistretta](mailto:Ryan.Mistretta@alphagenesisinc.com)

Cc:

Subject: RE: Water issue building 2 bay C

I am also copying [redacted] and [redacted] since they are the [redacted] and [redacted] respectively here at YPC and they also need to be aware of the situation.

In the future, please include them in these types of emails.

I see that [redacted] responded, so we need to make sure that AC and maintenance are filling out the water lixit forms after vet techs report issues like this.

From: drreric.alphagenesisinc.com <drreric@alphagenesisinc.com>

Sent: Wednesday, June 15, 2022 12:32 PM

To: drgierbolini.alphagenesisinc.com <drgierbolini@alphagenesisinc.com>; Ryan Mistretta <ryan@alphagenesisinc.com>

Cc:

Subject: Water issue building 2 bay C

FYI building 2 bay C cages 1 to 4 had the water off. [redacted] called yesterday and was acknowledged by the animal care managers.

Today when [redacted] did obs the water was still off and she called.

The water is now on

[redacted] and the VTs went and gave them fruit. They look okay.

[redacted] is submitting an incident report.

Dr. Eric Granato, DVM, MLAM.

Clinical Veterinarian YPC

Exhibit 64

RE: exhaust fan issue

Ryan Mistretta <ryan@alphagenesisinc.com>

Wed 7/19/2023 11:58 AM

To: [redacted] Dr. Eric Granato <drreric@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>

Cc: [redacted]

The process of adjusting exhaust flows to mitigate temperature concerns is certainly utilized on campus. The details to how this is being actively controlled would need to involve some additional conversations at least regarding myself since I am not directly over that process. We could also look at secondary measure to help improve any issues while this process is in place.

From: [redacted]

Sent: Wednesday, July 19, 2023 10:18 AM

To: Dr. Eric Granato <drreric@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>

Cc: [redacted] Ryan Mistretta <ryan@alphagenesisinc.com>

Subject: exhaust fan issue

This has now become ridiculous. We were instructed this morning that the exhaust fans may be used when we are working in the buildings but must be turned off when we are done. The ammonia level in the air will literally burn your eyes and make you start coughing as soon as you open the animal rooms! This is not a proper nor humane environment for these animals, or the employees that have to be in there. I don't know why this has suddenly become such a problem for maintenance to figure out, but something needs to be done to correct the situation. Its bad enough when we have to do it for a couple of weeks in the winter, but this is no way appropriate for the full summer heat months!

Title 9 Chapter I Subchapter A Part 3 Subpart D Facilities and Operating Standards § 3.76

§ 3.76 Indoor housing facilities.

- (a) **Heating, cooling, and temperature.** Indoor housing facilities must be sufficiently heated and cooled when necessary to protect nonhuman primates from temperature extremes and to provide for their health and well-being. The ambient temperature in the facility must not fall below 45 °F (7.2 °C) for more than 4 consecutive hours when nonhuman primates are present, and must not rise above 85 °F (29.5 °C) for more than 4 consecutive hours when nonhuman primates are present. The ambient temperature must be maintained at a level that ensures the health and well-being of the species housed, as directed by the attending veterinarian, in accordance with generally accepted professional and husbandry practices.
- (b) **Ventilation.** Indoor housing facilities must be sufficiently ventilated at all times when nonhuman primates are present to provide for their health and well-being and to minimize odors, drafts, ammonia levels, and moisture condensation. Ventilation must be provided by windows, doors, vents, fans, or air conditioning. Auxiliary ventilation, such as fans, blowers, or air conditioning, must be provided when the ambient temperature is 85 °F (29.5 °C) or higher. The relative humidity maintained must be at a level that ensures the health and well-being of the animals housed, as directed by the attending veterinarian, in accordance with generally accepted professional and husbandry practices.

[redacted]

Exhibit 65

Alpha Genesis, Inc.

Non-Human Primate Necropsy Report

Rev 03/2010 12/25/2022 12:09:35 PM

ID Number: MF39148F

Sex: Female Home Location: 23H00

Birthdate: 7/23/2003 Dam: 922930

Delivered By: [Redacted] Project: 75000

Weight (kg): 7.12 Weight Date: 9/22/2022

Circumstances: Found deceased in home location. Temperatures in the building reported in the low 30's the night before and the morning found. 5% weight loss since last weight check in sept but still in obese BCS.

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	12/24/2022	22-290	12/25/2022	6.78

Skin: Normal

Eyes: Normal

Peritoneal Cavity: Normal

GI Tract/Mesenteric Nodes: Normal.

Kidneys: Kidneys bilaterally 16 Gms and normal in appearance.

Adrenals: Normal

Spleen: Normal

Pancreas: Normal

Liver: Rounded appearance with dark coloration & friable tissue.

Gallbladder: Normal.

Urinary Bladder: Normal

Uterus/Gonads: Normal

Pleural Cavity: Normal

Thymus: Normal

Upper Respiratory: Normal

Lungs/Hilar Nodes: Normal

Thyroid: Not Examined

Heart/Major Vessels: Left ventricular thickening present (O/I: 2.5)

Musculoskeletal: BCS 4/5

Summary/Dx: Suspect underlying Cardiac and liver disease, with hypothermia being a contributing factor.

Notes: Tissue submitted for Histopath.

Prosector Name: [Redacted]

NECROPSY REPORT

Alpha Genesis, Inc.
Non-Human Primate Necropsy Report
98-CF492 02/98 6/19/2023 9:39:01 AM

ID Number: MF39148F
Delivered By: [REDACTED]

Post Mortem #: 22-290
Death Date: 12/24/2022

Project: 75000
Dam: 922930
Circumstances: Found dead in home location

Sex: Female
Home Location: 23H00
Origin: China

Species: fascicularis
Death Location: 23H00

Birthdate: 7/23/2003
Weight: 6.78

Necropsy Date/Time: 12/25/2022
Necropsy Weight: 6.78

Historic Clinical Signs:
Antibiotic administration in the last 48 hrs?

FINDINGS ("N" FOR NORMAL, "ABN" FOR ABNORMAL AND "NE" FOR NOT EXAMINED)

Skin:	N	Eyes:	N	Peritoneal Cavity:	N	GI Tract/Mesenteric Nodes:	N
Kidneys:	ABN	Adrenals:	N	Spleen:	N	Pancreas:	N
Liver:	ABN	Gallbladder:	N	Urinary Bladder:	N	Uterus/Gonads:	N
Pleural Cavity:	N	Thymus:	N	Upper Respiratory:	N	Lungs/Hilar Nodes:	N
Thyroid:	NE	Heart/Major Vessels:	ABN				

COMMENTS ON FINDINGS AND MISCELLANEOUS OBSERVATIONS

BCS: 4/5. Skin: Normal. Eyes: Normal. Peritoneal Cavity: Normal. GI Tract/Mesenteric Nodes: Normal. Kidneys: Kidneys bilaterally 16 gms and normal in appearance. Adrenals: Normal. Spleen: Normal. Pancreas: Normal. Liver: Rounded appearance with dark coloration and friable tissue. Gallbladder: Normal. Urinary Bladder: Normal. Uterus/Gonads: Normal. Pleural Cavity: Normal. Thymus: Normal. Upper Respiratory: Normal. Lungs/Hilar Nodes: Normal. Thyroid: Not Examined.

Heart/Major Vessels: Left ventricular thickening present (O/I: 2/5).

LABORATORY

Urinalysis (Lab-Stix):
Culture/Gram Stain:
Serology:
Chemistry:
Hematology:
Tissue:

Summary/Dx: Suspect underlying cardiac and liver disease.

Prosector Name: [REDACTED]

Sent To:

Exhibit 66

Alpha Genesis, Inc.ID Number: **Non-Human Primate Necropsy Report**

Sex: Female Home Location: 21H00

Rev 03/2010 12/25/2022 12:01:56 PM

Birthdate: 6/25/2003 Dam: Unknown

Delivered By: Project: 75000

Weight (kg): 4.28 Weight Date: 9/21/2022

Circumstances:

Genus:	Species:	Death Date:	Post Mortem #:	Necropsy Date:	Necropsy Weight:
Macaca	fascicularis	<input type="text" value="12/25/2022"/>	<input type="text" value="22-291"/>	<input type="text" value="12/25/2022"/>	<input type="text" value="4.29"/>

Skin: Eyes: Peritoneal Cavity: GI Tract/Mesenteric Nodes: Kidneys: Adrenals: Spleen: Pancreas: Liver: Gallbladder: Urinary Bladder: Uterus/Gonads: Pleural Cavity: Thymus: Upper Respiratory: Lungs/Hilar Nodes: Thyroid: Heart/Major Vessels: Musculoskeletal: Summary/Dx: Notes: Prosector Name:

NECROPSY REPORT

Alpha Genesis, Inc.
Non-Human Primate Necropsy Report
98-CF492 02/98 6/19/2023 9:36:58 AM

ID Number: 22529
Delivered By: [REDACTED]

Post Mortem #: 22-291
Death Date: 12/25/2022

Project: 75000
Dam: Unknown
Circumstances: Found dead in home location

Sex: Female
Home Location: 21H00
Origin: Unknown
Species: fascicularis
Death Location: 21H00

Birthdate: 6/25/2003
Weight: 4.29

Necropsy Date/Time: 12/25/2022
Necropsy Weight: 4.29

Historic Clinical Signs:
Anitbiotic administration in the last 48 hrs?

FINDINGS ("N" FOR NORMAL, "ABN" FOR ABNORMAL AND "NE" FOR NOT EXAMINED)

Skin:	N	Eyes:	N	Peritoneal Cavity:	N	GI Tract/Mesenteric Nodes:	N
Kidneys:	ABN	Adrenals:	N	Spleen:	N	Pancreas:	N
Liver:	ABN	Gallbladder:	N	Urinary Bladder:	N	Uterus/Gonads:	N
Pleural Cavity:	N	Thymus:	N	Upper Respiratory:	N	Lungs/Hilar Nodes:	ABN
Thyroid:	NE	Heart/Major Vessels:	N				

COMMENTS ON FINDINGS AND MISCELLANEOUS OBSERVATIONS

BCS: 4/5. Skin: Normal. Eyes: Normal. Peritoneal Cavity: Normal. GI Tract/Mesenteric Nodes: Normal. Kidneys: Kidneys bilaterally 8 gms and generalized dark coloration. Adrenals: Normal. Spleen: Normal. Pancreas: Normal. Liver: Rounded appearance

pale in coloration the tissue in the center of the lobe very friable. Gallbladder: Normal. Urinary Bladder: Normal. Uterus/Gonads: Normal. Pleural Cavity: Normal. Thymus: Normal. Upper Respiratory: Normal, but frank blood from mouth.

Lungs/Hilar Nodes: Right lung lobes normal in appearance; left lung lobes dark red in color (suspect post-mortem changes). Thyroid: Not Examined. Heart/Major Vessels: Normal.

LABORATORY

Urinalysis (Lab-Stix):
Culture/Gram Stain:
Serology:
Chemistry:
Hematology:
Tissue:

Summary/Dx: Underlying hepatic and renal disease suspected.

Prosector Name: [REDACTED]

Sent To:

Exhibit 67

[REDACTED]

From: [REDACTED]
Sent: Monday, December 26, 2022 2:57 PM
To: dreric.alphagenesisinc.com; [REDACTED]
Subject: Xmas weekend

Fri:
HPC:
N109- trauma from HPC04B- Rt thigh & Left back. Sutured & meds started. [REDACTED] was informed & will be dealing with the group Tues.

S429- Abscess on rt leg. Bandaged & Meds started.

YPC:
G421- N/U rear legs from Cor8A in 30A- Rt leg had contracture but no other obvious abnormalities, started on Bup SR & Melox SP. Vet review on Tues.

Foster attempt in 26 was being ignored. Instructed to place in incubator & start bottle feedings with weight monitoring.

There was a Code D in FC 20, Dystocia.

Sat:
Both facilities had issues with heat not being maintained overnight & water sources being frozen.

HPC:
N151- Rt thigh trauma from HPC23A. Able to suture closed & meds started.

YPC:
Code D from Bldg 23- temp in that building got down to 31 & was 35 when the NHP was found.

Sun:
Still having some heating and water issues at both facilities. At HPC maintenance turned off the water to the Hampton building to fix a broken line & didn't turn it back on. That wasn't identified until after the techs had gotten lixit bottles & hydrogels to all the single cages.

HPC:
Dam pulled from HPC02 for retained placenta, that was passed when they caught her but seemed weak so taken to the clinic. She wasn't holding the infant so it was kept in the incubator overnight to re-introduce after she settles down in the morning.

YPC:
Another Code D from BLD 21H, temperatures there were reported in the 30s yesterday & this morning as well. I left the tissue samples from the 2 hypothermias in 26, so if Dr Eric could print my necropsy reports & submit them for histopath, that would be great.

I also received a call at 8pm from [REDACTED] because the foster infant was missing from clinic 26. Turns out [REDACTED] was taking the infant TO THE HOUSE!! I texted [REDACTED] & told her that is completely inappropriate & not to do again. Also, no one bothered to update me about the infant being found until I spoke with [REDACTED] about another case. They are giving me an ongoing headache!!!

Mon:

HPC:

No pulls reported.

YPC:

G632/ Q251- from 27GHI in 26-09. Infant had $\frac{3}{4}$ necrotic tail. [REDACTED] was unsure about doing the amputation so I had him give excede & schedule for a DVM to look at.

[REDACTED] also contacted me about a Vet Review for a pair in 5A19-1/2 for exam if having diarrhea, she reported no diarrhea but then wanted to know about scheduling for an exam anyway? I told her if she didnt know if they needed an exam before being discharged to ask Dr [REDACTED] tomorrow then.

I also had no reports regarding the [REDACTED] Male.

Exhibit 68

[REDACTED]

30B Infant incident

[REDACTED]

Wed 8/10/2022 12:38 PM

To: Ryan Mistretta <ryan@alphagenesisinc.com> [REDACTED]

Cc: melissa@alphagenesisinc.com <melissa@alphagenesisinc.com>; William Rinaldi <william@alphagenesisinc.com>; drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

📎 1 attachments (493 KB)

S796 Incident.pdf;

Here is the incident from 30B where the infant & Dam were soaked during wash down this AM. The infant became hypothermic & unresponsive. [REDACTED] was able to dry it & warm it back up, and it seems ok now. I did speak with [REDACTED] at the time of the incident to let him know as well as a few other issues we are having with this AC tech.

Thanks!

[REDACTED]

[REDACTED]

[REDACTED]

Exhibit 69

Date of Incident: 8/3/2022-8/4/2022

ID: 17-109 (24G01), T1361296 (24G02), 15100252 (24G03), 17-151 (24G04)

Sp: Rhesus

Loc: Building 24

Reporter: [REDACTED]

Reason: AGI Maintenance Division failure to respond and fix broken flex line supplying water to Bay G, Cages 1-4 in Building 24

Details: At 1 PM on 8/3/2022, vet tech [REDACTED] reported a punctured water flex line in building 24 (Bay G cages 1-4) to the AGI maintenance division. The puncture caused water to erupt from the holes in the flex line, which subsequently saturated all 4 NHPs in the 4-pack (containing cages 1-4). At 6 AM on August 4, 2022, 17 hours after the incident was first reported, the flex line was still spraying water and multiple NHPs (17-109 and T1361296) were shivering from being soaked in water for 17 hours. The cage pans in cages 1 and 2 (top cages) were overflowing with water into cages 2 and 4 (bottom cages). Maintenance failed to repair the punctured flex line from the day before, resulting in unnecessary discomfort and animal welfare concerns for all 4 NHPs.

Corrective Action: After this incident was reported again on the morning of August 4, the maintenance team repaired the flex line and put cage grates on top of the cage to prevent the NHPs from messing with the flex line.

Comments: It is the responsibility of the AGI maintenance division to make necessary repairs around the AGI facility before going home at the end of the day, especially if those repairs involve the welfare of our NHPs. Negligence can result in the unnecessary discomfort and even death of NHPs. We've had instances in the past where wet animals are found down in the cage, hypothermic, and had to be euthanized as a result of a faulty lixit or broken flex line. The trend involving disregard for animal welfare at the AGI YPC facility, especially from the AGI maintenance division, is of utmost concern and needs to be corrected.

Regards,

Exhibit 70

FW: Clinic 30B Temperature Recordings

From: [REDACTED]

To: [REDACTED]

[REDACTED]

From: [REDACTED]

Sent: Thursday, January 21, 2021 2:13 PM

To: drgierbolini@alphagenesisinc.com <drgierbolini@alphagenesisinc.com>

Cc: dreric@alphagenesisinc.com <drreric@alphagenesisinc.com>; [REDACTED]

Subject: Clinic 30B Temperature Recordings

Hi Dr. Lynette,

Hope you are doing okay! I wanted to bring up the discussion about heating/temperature control issues again in clinic 30B. In the past we have had issues with temperature control within this location, however, it seems to remain an unresolved issue. During morning observations it was noted the clinic temperature to be at 62 F (this was with the exhaust fan completely off), when looking back at previous days it appears that about 9 days the temperature dropped below 60 F (the ranges on those days are as followed: 58-75F for 2 days, 56-73F, 54-82F, 54-70F, 58-62F, 59-70F, 59-73F, 59-85F) the acceptable range written on the temperature log sheet in the veterinary clinic is written as 65F-85F. My concern is that when in clinic many of these animals have comorbidities leading to secondary medical issues such as hypothermia which can ultimately lead to them perishing. In the past we have found deceased animals in this location due to low temperatures, and am hoping we can prevent this from reoccurring. When these low temperatures are reported to maintenance and they come, they are observing the current temperatures and ranges (which have since been cleared and reset after morning observations) and while these temperatures are acceptable in some housing locations, the clinic has the acceptable ranges to be within 65F-85F. When discussed with maintenance we have received some resistance that the temperatures are within the temperature range stated in the SOP, however, the SOP states those guidelines are followed unless specified by the DVM and attending veterinarian otherwise (SOP attached and highlighted). I believe this building needs its heating system replaced and felt it would be best to reach out to you about the situation. The SOP also states that you would need to approve of these exceptions to the guidelines and that you would need to attach and addendum to the SOP.

Sincerely,

[REDACTED]

[REDACTED]



Temp SOP.pdf
916.7kB