

## **Protocol for the Humane Care and Use of Warm Blooded Animals at Western State College**

Federal Animal Welfare Regulations require that the Animal Welfare Committee (AWC) must review and approve all activities involving the use of warm-blooded animals prior to their initiation. This includes all animals used for experimental method development and for instructional purposes. In addition, approved protocols for ongoing activities must be reviewed by the Animal Welfare Committee at least annually.

To avoid the proliferation of submissions, please provide generic descriptions which include multiple routes of compounds administration, minor procedural variances, etc. Note, however, that a separate protocol is to be submitted for each species, even though the procedures may be similar. Your AWC member is a resource to help you. Protocols are to be submitted to the AWC Chairperson.

I. Protocol Title (should be descriptive of the animal use activity).

II. Principal Investigator/Instructor:

III. Department and Discipline:

IV. Others (researchers and students) involved in procedural activities involving living animals.

V. Provide a description of the background and training that the principal investigator and co-researchers have received in the handling and use of the specific species of animals to be utilized in the study.

VI. Species:

Sex:

Age or Weight Range:

Estimate the number of animals to be used annually:

VII. Provide a complete description of the proposed use of animals. Please first read questions VII.A. through VII.G. to avoid duplication of information.

- A. Experimental administrations. Under Agent, identify any drugs, biological materials, reference or control standards and general category of test compounds. List each administration separately.

<u>Agent</u>	<u>Vehicle</u>	<u>Route</u>	<u>Dosage</u>	<u>Frequency</u>
	<u>Duration</u>			

- B. Will blood be collected from animals?

If yes, describe the method, amount and frequency.

- C. Will animals be anesthetized or tranquilized during the study other than for surgical procedures?

If yes, describe the circumstances.

- D. Will unanesthetized animals be restrained by chairs, slings, tethers, stanchions, or other devices? Will animals be trapped?

If yes, please explain method of restraint, duration of restraint, frequency of restraint, and observation during restraint.

- E. Will animals be deprived of food for greater than 24 hours or water for greater than 24 hours?

If yes, provide a justification and description of monitoring procedures.

- F. Are surgical procedures employed?

If yes, complete this section. If no, go to VII.G. (euthanasia).

1. Check the statement that describes your project:

\_\_\_ Non-survival surgery (animals are euthanized) under anesthesia without regaining consciousness)

\_\_\_ Minor survival surgery\*

\_\_\_ Major survival surgery (penetration and exposure of a body cavity, or resulting in a permanent impairment of physical or physiologic functions)\*

\*All survival surgery must be performed using aseptic procedures, including surgical drugs, masks, sterile instruments, and aseptic techniques. Major survival surgery on non-rodents, including rabbits, must be conducted in an aseptic surgical suite. Non-major surgery, and all surgery on rodents, may be performed outside of a surgical suite, but must be performed using aseptic procedures.

2. Description of surgical procedure.

3. Location where surgical procedures will be performed.

4. Pre-operative care, monitoring/supportive care during surgery, anesthesia, and post-operative care:

a. Pre-operative care (type, dose, route of administration of antibiotics, sedatives, medications prior to induction of anesthesia, or any special care such as fluids, and fasting, etc.).

b. Anesthesia/Analgesia (type, dose, route of administration of anesthetics, analgesics or sedative/tranquilizing agents employed to prevent pain and distress during surgery).

c. Monitoring and supportive care during surgery.

d. Post-operative care (survival procedures only):

i. Location and frequency of observation/monitoring during the critical anesthetic and surgical recovery period, including arrangements during weekends, holidays and non-working hours, if appropriate:

- ii. Supportive care (fluids, oxygen, etc.) and drug therapy (antibiotics, analgesics, etc., including route of administration, frequency and dose):

G. Will euthanasia be used? If yes, describe the method to be used:

Does the procedure meet the recommendations of the AVMA Panel on Euthanasia?  
\_\_No \_\_Yes

VIII. Provide a rationale for involving animals, and for the appropriateness of the species and numbers of animals to be used. What types of statistics are being used and why does it require this particular number of animals?

IX. This section is required for any protocol/procedure that may cause more than momentary or slight pain or distress to the animals regardless of whether or not pain/distress will be ameliorated by the use of drugs or other techniques/methods.[Please refer to Animal Welfare Act, Sub-part C, 2.31(d)(IV)(A,B,C)].

A. Provide a written narrative of alternate procedures/protocols considered and rejected. Include a description of the methods and sources used to determine that suitable alternatives were not available. Alternatives must be searched for using the Agricola data base of the animal Welfare Information Center. You must indicate the keywords utilized in your search, the date range of your search and the date of the search. Other databases are available.

B. Provide a description of procedures designed to assure that discomfort and pain to animals will be limited to that which is unavoidable for the conduct of scientifically assure that discomfort and pain to animals will be limited to that which is unavoidable for the conduct of scientifically valuable research, including provision for the use of analgesic, anesthetic, and tranquilizing drugs where indicated and appropriate to minimize discomfort and pain to animals. Unrelieved pain/distress must be justified for scientific reasons and should continue for only the necessary period of time.

C. The attending veterinarian, or designee, must be consulted in the planning of potentially painful/distressful procedures.

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Signature of Veterinarian

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Date

X. Will the animals be experimentally exposed to radioactive materials, infectious agents, or known carcinogenic or highly toxic chemicals that may pose a risk to personnel or other

animals? The use of radioactive materials requires prior approval by the Radiation Safety Officer. Use of radioactive materials will take place in licensed areas only. If yes, explain risk and safety procedures to be followed by personnel.

XI. Principal Investigator Statement of Assurance. Please check the appropriate answers. A negative answer to any statement requires a detailed, written explanation:

- A. No animal will be used in more than one major operative procedure from which it is allowed to recover, unless scientifically justified or required as a veterinary procedure.
- B. Paralytics will not be used without appropriate anesthesia.
- C. Medical care for animals will not be withheld and will be available and provided or supervised as necessary by a qualified veterinarian.
- D. The animals' living conditions, including housing, feeding, and non-medical care, will be appropriate for the species, contribute to their health and comfort, and will not deviate from USDA standards.
- E. Animals that would otherwise experience severe or chronic pain/distress that cannot be relieved will be euthanized at the end of the procedure, or if appropriate, during the procedure.
- F. Personnel conducting animal procedures are appropriately qualified and trained in those procedures.
- G. The protocol does not unnecessarily duplicate previous experiments.

\_\_\_\_\_  
Signature of Principal Investigator/Instructor

\_\_\_\_\_  
Date

XII. To be completed by AWC Chairperson or designee.

A. Protocol approved:      \_\_Yes \_\_No

B. Approval Method: Expedited Review\_\_Committee Review\_\_\_\_\_

C. Signature(s) of reviewer(s):      Dates:

\_\_\_\_\_  
Dr. Terry Mullen, Chair

\_\_\_\_\_  
Mr. Don Maguire

\_\_\_\_\_  
Reverend Jim Janks

\_\_\_\_\_  
Dr. Curt Gravis

\_\_\_\_\_  
Dr. Tim Holt

\_\_\_\_\_  
Dr. C. Patrick Stark

D. Protocol Number:

E. USDA Reporting Category:

\_\_\_\_ Column C-No Pain/Distress

\_\_\_\_ Column D-Pain/Distress Alleviated by the Use of Drugs

\_\_\_\_ Column E-Pain/Distress Potential Without Drugs

F. Approval stamp or reason for non-approval noted below.