



Breeding colonies of any animal species (USDA does not require listing of rats, mice, birds) that are held in legal sized caging and handled in accordance with the Guide and other applicable regulations. Breeding colony includes parents and offspring.

Newly acquired animals that are held in proper caging and handled in accordance with applicable regulations.

Animals held under proper captive conditions or wild animals that are being observed.

**Classification C:**\_\_\_\_\_ Animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs.

**Examples:**

Procedures performed correctly by trained personnel such as the administration of electrolytes/fluids, administration of oral medications, blood collection from a common peripheral vein per standard veterinary practice (dog cephalic, cat jugular) or catheterization of same, standard radiography, parenteral injections of non-irritating substances.

Euthanasia performed in accordance with the recommendations of the most recent AVMA Panel on Euthanasia, utilizing procedures that produce rapid unconsciousness and subsequent humane death.

Manual restraint that is no longer than would be required for a simple exam; short period of chair restraint for an adapted nonhuman primate.

**Classification D:**\_\_\_\_\_ Animals upon which experiments, teaching, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs will be used.

**Examples:**

Surgical procedures conducted by trained personnel in accordance with standard veterinary practice such as biopsies, gonadectomy, exposure of blood vessels, chronic catheter implantations, laparotomy or laparoscopy.

Blood collection by more invasive routes such as intracardiac or periorbital collection from species without a true orbital sinus such as rats and guinea pigs.

Administration of drugs, chemicals, toxins, or organisms that would be expected to produce pain or distress but which will be alleviated by analgesics.

**Classification E:**\_\_\_\_\_ Animals upon which testing, experiments, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic analgesic, or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests.

**Examples:**

Procedures producing pain or distress unrelieved by analgesics such as toxicity studies, microbial virulence testing, radiation sickness, and research on stress, shock, and pain.

Surgical and postsurgical sequella from invasion of body cavities, orthopedic procedures, dentistry or other hard or soft tissue damage that produces unrelieved pain or distress.

Negative conditioning via electronic shocks that would cause pain in humans.

Chairing of nonhuman primates not conditioned to the procedure for the time period used.

**NOTE REGARDING CLASSIFICATION E:** An explanation of the procedures producing pain or distress in these animals and the justification for not using appropriate anesthetic, analgesic, or tranquilizing drugs must be provided on Attachment 1. This form must accompany USDA Form 7023 to support any Federal Grant application with a procedure Classification E listings.

**3. ANIMAL CHARACTERISTICS:** The investigator should state the required number of animals to be used in the research project.

Species	Sex	Age/Weight	Animal Vendor	Location of Housing	Total

**4. BIOHAZARDOUS MATERIAL:** If the animal use involves biohazardous materials the appropriate category should be checked and approval obtained from other required review committees:  
 Infectious agents \_\_\_ Carcinogens \_\_\_ Radioisotopes \_\_\_ Recombinant DNA  
 Other \_\_\_\_\_

**SECTION II**

**1. Purpose of the Study:**

**2. Potential Value of the Study:**

**3. Alternatives to Animal Use:**

**4. Species Justification:**

**5. Justification of the Number of Animals Requested Based Upon Experimental Design:**

**6. Current IACUC Approved Protocol(s)**  
**[Attachments]**

**7. Procedures:**

**8. Alternatives to Painful Procedure(s):**

**9. Restraints:**

Surgery to be performed: Yes \_\_\_ No \_\_\_

**A. Building in which surgery will be performed:**

**B. Personnel who will perform surgery and type/length of training/experience:**

**C. Briefly describe surgical procedures:**

10. Pain Control During the Procedure(s) (anesthetic method, drugs, routes of administration, supplementation, schedules):

11. Estimation of Potential Postoperative/Intervention Pain:

Multiple surgery on one animal: Yes \_\_\_ No \_\_\_  
Justify:

12. Post-Procedure/Chronic Care:

A. Post-Procedure Monitoring:

B. Criteria for Pain:

C. Analgesic(s):

D. Antibiotics:

13. Describe all non-surgical manipulations or procedures involving the animal (e.g., toe clipping, transmitters, banding, drug administration, blood collection, diet change):

14. Specify duration of procedures (Insert or attach your description if more room is needed):

15. Will an adjuvant be used? Yes \_\_\_ No \_\_\_  
Comments:

16. Give total volume of adjuvant to be used, number of injection sites per dosage and number of doses:

17. Will pristane or other abdominal irritants in mice be used? Yes \_\_\_ No \_\_\_  
If yes, list the dosages:

18. Will blood be drawn? Yes \_\_\_ No \_\_\_  
If yes, how frequently and what volume of blood or ascites will be taken:

19. Give building and room in which procedure described in 17 and 18 will be conducted:  
Building \_\_\_\_\_ Room \_\_\_\_\_

20. Investigator(s) Qualifications/Experience (indicate principal or secondary investigators):

A. Knowledge of Species:

B. Relevant Experience:

C. Responsibilities:

D. Investigator(s) have taken, signed and/or completed the IACUC exam: Yes \_\_\_ No \_\_\_

21. Provisions made to ensure personnel and students entering the project at a later date will be properly trained and informed: Yes\_\_\_\_ No\_\_\_\_

A. Comments:

22. Person(s) or unit responsible for animal husbandry (daily care) and location of animal facilities:

23. Veterinarian responsible for veterinary care if other than the IACUC vet (Dr. Merrill Reinhiller, DVM):

Name:

Address:

Phone Number:

24. Describe the end point of the research at which the animal will be euthanized:

25. Describe the method(s) of euthanasia that will be used during or at the conclusion of the project including agents, dosages, and routes of administration:

### SECTION III

1. Will this study use animals caught in the wild? Yes\_\_\_\_ No\_\_\_\_  
(If no, skip to section IV)

2. When, where and how will the animals be trapped?

3. What type of traps will be used?

4. How often will the traps be checked?

5. How will the safety (physical, diseases) of the investigator be ensured while retrieving live animals?

6. If the animal will be brought to campus/satellite facility, what precautions will be taken to prevent disease (if present) from transmitting to other animals or humans?

7. Where will the animals be housed on campus?

A. Building

B. Room

8. References:



## Attachment 1

### Explanation for USDA Classification E

(This report is required to accompany USDA Form 7023 to support any USDA Classification E listings.)  
This document must be typed.

Name of investigator:

Animal Study Proposal Title:

Species and number of animals listed in Classification E for each year:

Species:

Number of animals:

Year 1-

Year 2-

Year 3-

Total:

Description of project including reason(s) for species selection:

Provide a scientific justification to explain why the use of anesthetics, analgesics, sedatives or tranquilizers during and/or following painful or distressing procedures is contraindicated:

Signature of investigator:

Date:

Signature of IACUC Chairperson:

Date:

**MINNESOTA STATE UNIVERSITY MOORHEAD  
ANIMAL USE PROTOCOL REVIEW SUPPLEMENT REQUIRED  
BY THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**In the event of an emergency at the animal research facility, it may be necessary for a University spokesperson to describe the nature of the research taking place in that facility. It is important to have this information available quickly, even if the Principal Investigator/Course Instructor cannot be reached. Therefore, we ask that all P.I.'s/Course Instructors provide a brief (approximately one page) description, understandable to the layperson, of the research going on in his or her facility. This supplement will be filed in Academic Affairs and be accessible to key people in the Administration and Public Affairs should an emergency arise. (Your protocol will not be filed in the same location nor will it be accessible to Public Affairs.) Please attach the description to this Protocol form. The description should cover:**

**Protocol Title:**

- a) **Purpose of the project (questions it seeks to answer, health problems it addresses, or in the case of basic research, the reasons, in terms of human or animal health and safety, why the research is important)**
  
- b) **Person to be contacted if additional information is necessary, as well as emergency phone numbers**
  
- c) **Species (and number) used and reason for selection**
  
- d) **General procedures involved in the project**
  
- e) **Steps taken to ensure minimal pain and/or distress to animals**
  
- f) **Results achieved to date and any health problems to which they may have been or may be applied, particularly if the project has been going on for a number of years**
  
- g) **Non-Animal methodologies used as adjuncts in the study, if any, or if adjuncts are not used, reasons why they are inappropriate**

h) Contract testing/research projects and assigned/granted to other institutions, both commercial and academic

i) Potential human or animal health dangers if research animals are released

**Minnesota State University Moorhead  
Institutional Animal Care and Use Committee (IACUC)  
Protocol Amendment Form**

1. **Date Submitted: (mm/dd/yy)**

2. **Principal Investigator(s):**

3. **Protocol Code:**

4. **Protocol Title:**

5. **USDA Classification:**

6. **Changes to be made:**

7. **Reason for changes:**

8. **Personnel Changes:**

This form should only be used for minor changes such as adding or dropping species, adding or dropping researchers or other similar minor changes to an existing approved protocol (three year approval). For all other changes to an existing approved protocol, complete a new protocol form highlighting the questions where the new procedures will be performed or where existing procedures will be deleted.

Protocol amendment forms must have the signature of the principal investigator/course instructor as well as all other investigators/course instructors listed on the protocol to indicate their awareness of the proposed changes to the protocol.

9.	Signature(s) of Investigator(s)	Date
	_____	_____
	_____	_____
	_____	_____

10.	Approved by IACUC	
	_____	_____