**Pain or Distress Classification D or E or Use of Analgesic/Anesthetic/Tranquilizing Drugs**

The Animal Welfare Act (AWA) regulations require principal investigators to consider alternatives to procedures that may cause more than momentary or slight pain or distress to the animals and provide a written narrative of the methods used and sources consulted to determine the availability of alternatives.

Alternatives include methods that:

(1) *refine* animal use by lessening or eliminating pain or distress

(2) *reduce* the number of animals to the minimum required to obtain scientifically valid data

(3) *replace* animals, partially or fully, with non-animal systems or less sentient animal species

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| **I. General Information** |
| **Title:** |
| **Principal Investigator’s Name:** |
| **Application Type:**  New Protocol  3 Year Renewal of Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Significant Modifications to Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **II. Literature Search for Alternatives** (Required) | | | |
| Name of Database | Keywords or search strategy used | Years covered by the search | Date the search was completed |
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Add more rows if necessary.

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| **III. Consultation with experts or colleagues** (Optional) | | |
| Name | Qualifications | Date Consulted |
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Add more rows if necessary.

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| **III. Other sources utilized** (Optional) |
| **Explain the other sources used** |

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| **III. Results of search for alternatives** |
| **Select the outcome of the search below**  No alternatives exist  Alternatives exist but are not appropriate for this study/ course activity – If this is selected,  explain why the alternatives cannot be used. |

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| **IV. Pain or Distress Relief** | | | |
| **1. Drugs: Specify in the table below the anesthetics, analgesics, sedatives, or tranquilizers that are**  **to be used to minimize pain, distress, or discomfort.** (Paralytics cannot be used without  anesthesia.) | | | |
| Agent | Dose | Route | Frequency |
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Add more rows if necessary.

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| **2. Non-drug Methods: List any other methods that will be used to relieve pain** (i.e., hot or cold packs, soft bedding). |
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Add more rows if necessary.

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| **III. Withholding pain or distress relief** |
| **Will pain or distress relief be withheld?**  No  Yes – If this is selected, provide a justification, which must include the scientific reasons for  withholding the relief. State the period of time (if known) that the pain/distress relief will  be withheld or provide assurance that relief will be withheld for the shortest period of time  necessary. |

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| **IV. Withholding pain or distress relief** |
| **1) Describe how pain or distress will be monitored (i.e., clinical signs and schedule for monitoring)** |

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| **2) Will animals that experience severe or chronic pain/distress that cannot be relieved be painlessly**  **euthanized at the end of or during the procedure?**  No – If this is selected justify your reasoning  Yes |

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| **V. Veterinarian Planning and Consultation** | |
| Name of Veterinarian | Date of Consultation Click here to enter a date. |
| State the results of the consultation. | |

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Signature of Consulting Veterinarian Date