

Column E Explanation

This form is intended as an aid to complete the Column E explanation. It is not an official form and its use is voluntary. Annual Reports and explanations should NOT include PII information such as names (principal investigators and research staff), addresses, protocols, meeting notes (either in part or in full), the animals room numbers, grant information, veterinary care programs, and the like. A Column E explanation must be written so as to be understood by lay person as well as scientists.

1. Registration Number: 71-R-0100
2. Number 28 of animals categorized as column E used in this study.
3. Species (common name) Rabbits of animals used in this study.
4. Explain the procedure producing pain and/or distress. Explanations should include a brief description of the procedure, but also explain what the animal's experience, examples of which may include, but are not limited to: Neurological signs, seizures, tremors, paralysis, lethargy, inappetance, respiratory signs, GI distress, vomiting, and diarrhea.

Rabbits are injected with (b) (4) Virus is a (b) (4) virus. On day 7, rabbits develop lesions on the nose, mouth and eyes. Progression of disease lasts approximately 11 days. Animals are monitored 2x daily. At end stage animals can reflect respiratory distress (Open mouth breathing). At this point animals are euthanized.

5. Attach or include with the reason(s) for why anesthetics, analgesics and tranquilizers could not be used. (For federally mandated testing, see Item 6 below).

The behavior of the rabbits provide us with the endpoint criteria. If providing any medication will change their behavior, the study objectives cannot be met.

6. What, if any, federal regulation require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g. APHIS, 9 CFR 113.102): If the requirement is per a guidance document, such as an Agency notice or harmonization guideline, please provide specific sufficient information to identify the cited document.

Agency _____ CFR _____