

## 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 (principle 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: 31-R0028
2. Number of animals used in this study: 24
3. Species (common name): Ferrets 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.

This is an influenza disease model. Animals were infected intranasally with influenza virus. The appropriate inoculum was identified in Part 1 of the experiment. Part 2 of the experiment involves inoculation of animals and placement in 1 of 6 treatment groups. Upon successful inoculation ferrets presented with fever, nasal discharge, sneezing, coughing, and malaise. No dehydration was noted. Overall fevers were mild; beginning 2 days post infection temperatures ranged from 36.2 – 41°C, with an average of 38.2 °C.

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).

This is a disease model where anti-infective drugs are being evaluated for efficacy. Anesthetics, analgesics, and tranquilizers are not warranted and may even worsen symptoms or lessen the effects of the treatments. Also, clinical signs of illness including temperature and activity level were assessed daily and used as indicators of treatment efficacy.

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):

Agency N/A CFR N/A

To: 2017 AR Review Coordinator Facility Contact: Tami McCourt  
Facility Name: Care Western Reserve Uni Facility Reg. No.: 31-R-0028  
Facility Fax: (216) 368-4805 No. of Pages: 3  
Facility Phone: (216) 368-4972 Date: November 1, 2017

**NO ANNUAL REPORT ATTACHMENTS SUBMITTED TO AC FOR 2017**

☐ We did not submit AR Attachments to AC for 2017.

**NO OBJECTIONS RESPONSE**

☒ We have no objections to the release of our AR Attachments as received and do not intend to seek judicial review to bar release of these documents.

**REDACTIONS PURSUANT TO EXEMPTION 4 REQUESTED**

☐ We object to the release of our AR Attachments as received and ask that you consider the enclosed justification statement and suggested redactions.

**COMMENTS**

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Signature

Mark Chance, IO

Print Name (if different from above)

Date

11/1/2017