

Justification for Classification E

Please fill out this form completely and send to iacuc@ucsc.edu. Enter N/A where not applicable. Questions and feedback regarding this form should be directed to either the campus (attending) veterinarian at vet@ucsc.edu or the iacuc@ucsc.edu.

This report is required to support any Classification E procedures in an accompanying protocol, based upon the listings at [Pain and Distress Classifications](#).

Submission date: MM/DD/YYYY
Protocol title: Enter protocol title here
Principal investigator: Enter name here

1. Complete the following table for all animals listed as Classification E, adding or deleting rows as needed.

Species (common name)	Number of animals used each year			3 years total number of animals
	Year 1	Year 2	Year 3	
Species (Common name)	Number	Number	Number	Number
Species (Common name)	Number	Number	Number	Number
Species (Common name)	Number	Number	Number	Number
Total number of animals				Number

2. Describe the activity(s) necessitating Classification E, including reason(s) for species selection.
[Enter text here](#)

3. 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.
[Enter text here](#)

4. Ensure that the literature review from Section H of your associated "Full Use" protocol adequately considers all available alternatives to the specific procedures that involve unrelieved pain or discomfort. To select the checkbox, double click on the box and set the default value to "Checked."

☐ [Section H complete](#)

5. I understand that a Classification E procedure included in my protocol means a full committee review (FCR) by the IACUC, where I may be requested to make a presentation before the members.
☐ [confirmed](#)

SUBMITTED BY THE PRINCIPAL INVESTIGATOR

Signature of principal investigator: [Signature](#) Date: [MM/DD/YYYY](#)

IACUC FINAL APPROVAL

Certification of review and approval by the UCSC Institutional Animal Care and Use Committee:

Approval signature: Date: