

University Animal Care Committee Standard Operating Procedure		
Document No: 7.10.3	Subject: Tail Vein Blood Collection in Mice	
Date Issued: March 14, 2012	Revision: 6	Page No: 1

Location: Queen's University

Responsibility: Principal Investigators, Research Staff, Veterinary Staff

Purpose: The purpose of this Standard Operating Procedure (SOP) is to describe the methods of tail vein blood collection in mice.

1. Introduction and Definitions:

Abbreviations: Animal Care Services **ACS**, Principal Investigator **PI**, subcutaneous **SC**, intravenous **IV**, intraperitoneal **IP**, intramuscular **IM**, per os **PO**, per rectum **PR**

Use the following table to determine the most appropriate site for blood collection based on the volume required.

Site	Submandibular	Saphenous	Submental	Tail Vein	Retro-orbital	Cardiac Puncture
Multiple sampling	Yes	Yes	Yes	Yes	Yes	No
Volume	Max.200µl	Max. 200µl	Max. 200µl	50µl	Max. 200µl	TBV
Gauge Needle	4-5.5 mm lancet	23-25g	4-5.5 mm lancet	23-25g/scalpel	Capillary tube	23-25g

The following are "good practice" guidelines recommended for blood collection volumes, sites and needle gauges. As a general principle, sample volumes and number of samples should be kept to a minimum. As a general guide, up to 7.5% of the total blood volume can be taken on a single occasion from a normal, healthy animal on an adequate plane of nutrition with minimal adverse effects; 10% once every two weeks and 15% once every four weeks. For repeat bleeds at shorter intervals, a maximum of 1.0% of an animal's total blood volume can be removed every 24 hours. The acceptable quantity and frequency of blood sampling is dependent on the circulating blood volume of the animal and the red blood cell (RBC) turnover rate (RBC life span of the mouse: 38-47 days). The following must be taken into consideration:

- Weight of the animal to be sampled
- Age and health of the animal to be sampled
- Effects of handling stress
- Collection site
- Frequency of sampling necessary
- Training and experience of the personnel performing the collection
- Suitability of sedation and/or anesthesia
- The minimum volume required for analysis. *The maximum permitted blood volume includes blood lost during collection. As a general rule, 20 drops = 1 mL (i.e. 5 drops = 250 µL)*

When collecting blood it is very important that the handler is able to recognize signs of shock and anemia. The combined effect of sample volume and sample frequency without appropriate fluid replacement can cause an animal to go into hypovolaemic shock or become anemic. Packed cell volume, haemoglobin level, red blood cell and reticulocyte counts should be monitored

University Animal Care Committee Standard Operating Procedure		
Document No: 7.10.3	Subject: Tail Vein Blood Collection in Mice	
Date Issued: March 14, 2012	Revision: 6	Page No: 2

throughout a series of bleeds using the results from the first sample from each animal as the baseline for the animal.

- Signs of hypovolemic shock include a fast and thready pulse, pale dry mucous membranes, cold skin and extremities, restlessness, hyperventilation, and a sub-normal body temperature.
- Signs of anemia include pale mucous membranes of the conjunctiva or inside the mouth, pale tongue, gums, ears or footpads (non-pigmented animals), intolerance to exercise and with severe anemia, increased respiratory rate when at rest.

If >10% blood volume is required, it is recommended to replace collected blood volume by 3–4 times the volume of blood collected with isotonic fluids (i.e. fluids with same tonicity as blood, such as 0.9% saline or Lactated Ringer's solution).

The Circulating Blood Volume (CBV) of an adult mouse is ~72 ml/kg (0.072ml/g).

To calculate blood collection volumes:

Total Blood Volume (TBV) = Body weight x Circulating Blood Volume

- 1% (maximum) of the TBV can be collected every 24 hours.
- 7.5% (maximum) of the TBV can be collected in a single collection, once per week.
- 10% (maximum) of the TBV can be collected in a single collection, once per every 2 weeks.
- 15% (maximum) of the TBV can be collected in a single collection, once per every 4 weeks.

Example:

- $TBV \times \% \text{ (based on desired frequency of collection)} = \text{allowable volume to be collected.}$
- **i.e. For a single collection once per week:** $20 \text{ g} \times 0.072 \text{ ml/g} = 1.44 \text{ ml/g}$ **then** 1.44×0.075 (7.5% for once per week sample) = 0.1 ml is the maximum allowable volume.

Body Weight (g)	Total Circulating Blood Volume (ml)	Acceptable volume for collection μl (ml)			
		1.0% cumulative or single collection every 24 hrs.	7.5% single collection once per week	10% single collection once per every 2 weeks	15% single collection once per every 4 weeks
15	1.08	11 μl	80 (0.08)	108 (0.11)	160 (0.16)
20	1.44	14 μl	108 (0.11)	144 (0.14)	216 (0.21)
25	1.80	18 μl	135 (0.14)	180 (0.18)	270 (0.27)
30	2.16	22 μl	162 (0.16)	216 (0.22)	300 (0.33)

University Animal Care Committee Standard Operating Procedure		
Document No: 7.10.3	Subject: Tail Vein Blood Collection in Mice	
Date Issued: March 14, 2012	Revision: 6	Page No: 3

35	2.52	25µl	189(0.19)	252(0.25)	375(0.37)
40	2.88	29µl	216(0.22)	288(0.29)	430(0.43)

This schedule allows for recovery time for the animals as illustrated in the following table:

Percent of blood volume collected in a SINGLE sampling	Recovery period (weeks)	Percent of blood volume collected over a 24-HOUR PERIOD (MULTIPLE samples)	Recovery period (weeks)
7.5%	1	7.5%	1
10%	2	10 - 15%	2
15%	4	20%	4

2. Materials:

- Heat source
- Restraint as required
- Sterile syringes
- Sterile needles (multiple sizes ranging from 23-30g)
- Sterile scalpel blades
- Lancets
 - o <20g = 4.0 mm
 - o 20g - 40g = 5.0 mm
 - o >40g = 5.5 mm
- Gauze
- Alcohol swabs
- Collection tubes
- Isotonic fluids such as Lactated Ringers or 0.9% NaCl

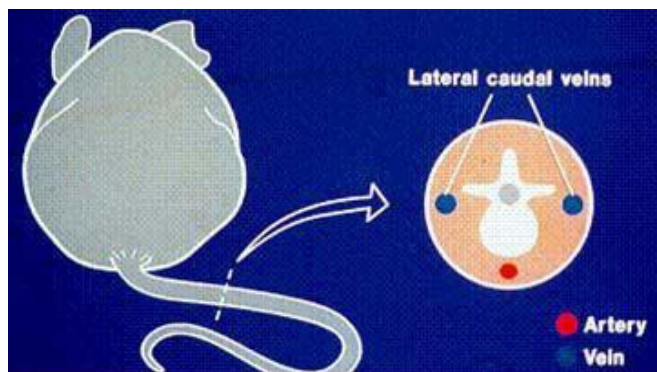
3. Procedures:

- The minimal volume required should be collected at all times.
- All collections should be performed by trained and competent individuals.
- The smallest needle size for the collection location (avoiding hemolysis) should be used.
- Each and every animal requires a new sterile syringe and a new sterile needle/lancet. Prepare all equipment in advance.
- Only three attempts per site should be practiced. If unsuccessful, allow another trained person to collect the sample.
- Apply pressure with gauze until hemostasis occurs.

Tail Vein (intravenous)

University Animal Care Committee Standard Operating Procedure		
Document No: 7.10.3	Subject: Tail Vein Blood Collection in Mice	
Date Issued: March 14, 2012	Revision: 6	Page No: 4

- Each and every animal requires a new sterile needle/lancet.
- Place mouse in restraining tube.
- Swab the tail with alcohol.
- Using a heat source, direct the heat only to the tail for 5-10 seconds for vasodilation.
- Hold tail and locate lateral tail veins, refer to photo.
- Insert 25 gauge needle at a 10° angle to puncture the vein.
- Withdraw needle and collect blood drops in capillary tube.
- Apply pressure with gauze until hemostasis occurs.
- For serial collections, a 1-2mm removal of the fleshy part of the mouse tail can be removed with sterile sharp scissors or a sterile scalpel blade. This is a very restricted procedure accepted by the CCAC. It can only be used for collection of very small volumes of blood (less than 200uL). The tail can only be snipped once, you can take repeat samples over a short time (such as a glucose tolerance test) but there cannot be a secondary cut, the scab from previous collection may be removed to collect. If the original snip site has fully healed, tail snipping cannot be used on that animal.



University Animal Care Committee Standard Operating Procedure		
Document No: 7.10.3	Subject: Tail Vein Blood Collection in Mice	
Date Issued: March 14, 2012	Revision: 6	Page No: 5

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<https://doi.org/10.1371/journal.pone.0113225>

SOP Revision History:

Date	New Version
September 22, 2015	Triennial review
January 25, 2018	Triennial review
February 28, 2019	Updated SOP
February 28, 2022	Triennial review
July 18, 2022	Original SOP separated into different blood collections SOPs
June 24, 2026	Triennial review. Wording update, updated tail tip amputation instructions