Institutional Animal Care and Use Committee

SURGICAL PROCEDURES FORM

Complete if applicable to your project and submit with your IACUC application form.

1. Names of Proposed Participating Surgeons, Technicians or Students
   Project Role
   Indicate Training, Training Required or Experience with Species Used


2. Species Used
   Number Used
   S=Survival
   N=Nonsurvival
   Building and Room Where Surgery Will Be Performed


3. Describe pre-operative care (including physical examinations, lab tests, and preconditioning to apparatus):


4. List pre-operative medications and anesthesia:

   Species
   Drug
   Dose (Mg/Kg Body Weight)
   Route
   Frequency


5. Check the criteria to be used to assess the level of anesthesia:

   _____ Respiration Rate
   _____ Positive Toe Pinch
   _____ Color of Mucous Membrane
   _____ Heart Rate
   _____ Corneal Reflex
   _____ Muscular Relaxation
   _____ EKG
   _____ Other (Explain): ____________________________________________________________
6. If paralyzing drugs will be used, list below:

<table>
<thead>
<tr>
<th>Species</th>
<th>Drug</th>
<th>Dose (Mg/Kg Body Weight)</th>
<th>Route</th>
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7. Describe surgical procedures. Sterile surgical techniques must be used in all survival studies and performed in approved surgeries. Multiple surgical procedures on a single animal are generally prohibited. The only circumstance under which multiple surgeries may be justified is when they are related components of a research project. Cost savings is not an adequate reason for performing multiple survival surgeries.

8. Check the following post-operative procedures that apply to this project:

- Returned to pen/cage after fully conscious
- Observed continuously until fully conscious
- Body temperature properly maintained until conscious
- Food and water withheld until fully conscious
- Notation made when animal eats/drinks voluntarily
- Body temperature recorded
- Surgical record kept
- Veterinarian available
- Veterinarian technician available
- Sutures removed at (when) _____________________ by _____________________
- Dressing changes (frequency) _____________________ by _____________________

9. List post-operative medication (e.g., analgesia, antibiotics):

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