|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENERAL** | **Investigator (PI) Name:** | | **Surgeon name(s):** | |
| **Protocol number:** | **Date:** | **Species:** | **Number of Animals:** |
| **Facility/Procedure Room or Building/Lab number:** | | | |
| **PROCEDURE** | **Skin prep (fur shaved and cleaning ethanol 70%/betadine alternating 3x):**  **Procedure(s) performed, including any test agents or hazards administered:** | | | |
| **DRUGS & TREATMENTS** | **Indicate all drugs and treatments administered.**  **Pre-op medications – describe:**  **Local anesthetics (ex: bupivacaine):**  **- describe/dose:**  **Ophthalmic ointment placed in eyes:**  **Anesthesia: Isoflurane:  or Injectable:  - describe/dose:**  **Analgesia:**  **Ethiqa XR:  Meloxicam:  Carprofen:  Buprenorphine HCl:  Other:  describe:**  **Dose(s):** | | | |
| **PERIOPERATIVE MONITORING** | **Briefly describe continuous monitoring procedures:**  **Toe pinch or tail reflex:  - should be absent**  **Respirations check:  - should be regular and >60 breaths/min**  **Ear/foot color check:  - should be pink**  **Other:**  **Type of heating device used to maintain body temperature:** | | | |
| **POST-OP CARE** | **Describe post-op care provided: Heat support:  - only half of the cage should be on heat support, no more than 38oC**  **Fluid support:**  **See post-op cage card for further post-op records\***  **Analgesia:  - document on post-op cage card**  **Animal(s) fully recovered prior to returning to colony:** | | | |
| **SURGICAL OUTCOMES** | **Complications:  YES  NO**  **If YES, briefly describe (include animal ID(s) and corrective action(s) taken and/or endpoint)** | | | |

*All procedures must be performed as described in the approved IACUC protoco*l

**\*Upon disposition of the last animal in the cage, you must keep the post-op cage cards (Blue cards). Post-op cage cards must be available for review upon request and for at least 1 year after disposition or expiration of the protocol.**