**Form I: Surgery**

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| **I. General Information** |
| **Title:** |
| **Principal Investigator’s Name:** |
| **Application Type:**  New Protocol  3 Year Renewal of Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Significant Modifications to Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **I. Type of Surgery** |
| **Indicate the type of surgery being performed**  Minor survival surgery1  Major survival surgery1 (penetration of major body cavity or surgical alteration that leads to  a substantial physical or physiological impairment)  Multiple major surgery1  Non-survival surgery (animals are euthanized without gaining consciousness) |

1All survival surgery (i.e., animal regains consciousness during or after the operative procedure) must be performed using aseptic procedures (including use of surgical gloves, masks, sterile instruments, and aseptic techniques).

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| **II. Location of Surgery** | |
| Non-major operative procedures, rodent surgery, field site surgery, and non-survival surgery do not require dedicated facilities; all other major operative procedures require a dedicated surgical facility.  **Indicate the location the surgery will be performed**  Field  Non-dedicated facility - If selected fill out the location below  Dedicated Facility - If selected fill out the location below | |
| **Building:** | **Room:** |

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| **III. Post-Operative Care** (Fill out if survival surgery will be performed.) | |
| **Location of post-operative care** | |
| **Building:** | **Room:** |
| **1) Describe the post-operative care required, frequency of observation, and recovery monitoring.**  **Include detection and management of postoperative complications during work hours, after**  **hours, weekends, and holidays.** | |

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| **2) Identify the criteria to be used to assess pain/distress/discomfort, when drugs should be**  **administered, and when drugs should not be administered (if required for scientific reasons).** |

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| **3) Individual responsible for determining when pain-relieving drugs are needed, if appropriate.** | |
| **Name:** | **Phone:** |

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| **IV: Multiple Survival Surgeries** |
| **1)** Has major or minor survival surgery been performed on any animal prior to being placed in this study?  No  Yes – If selected, please explain. |

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| **2)** Will more than one major survival surgery be performed on an animal while in this study?  No  Yes – If selected, please explain. |