**Form I: Surgery**

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

|  |
| --- |
| **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).

|  |
| --- |
| **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:** |

|  |
| --- |
| **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.**  |

|  |
| --- |
| **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).** |

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

|  |
| --- |
| **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.  |

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