Institutional Animal Care and Use Committee (IACUC) Surgical Record Form



The PI is responsible for compliance with Midwestern University's IACUC SOPs and the approved protocol. This form

must be maintair	ned for 1 yea	r following the do	ate of the surgery.					
PI: Contact Phone #: Species: Surgical Procedure:				Date of Surgery:				
				Surgeon:				
				Contact Ema	il:			
				Protocol #:				
<u>List Anesthesia</u>	/Analgesia	regimen as des	cribed in your pro	otocol:				
Pre-operative,	/Intra-opera	ative:						
Post-operative	e:							
Cage	Animal	Drugs Admi	nistered (Anesthe	etics, Analge	sics, Fluids,	Other)	Time Given	
Card/Animal ID	Weight	Agent	Concentration (mg/mL)	Dose (mg/kg)	Volume (mL)	Route		
			_		I			
	-	d Peri-Operativ						
	etic depth as: (required)	sessed with toe ہ	oinch and observat	ion of respira	tions prior to	surgery an	d every 15	
			temperature (sugg	gested)				
☐ Ophthal	mic ointmen	t applied (sugges	ted)					
Surgical Comm	ents:							
□ Surviva	l Surgery							
	rvival Surge	ery						
or survival sur	geries plea	se indicate:						

Time animal(s) recovered and were returned to the colony:

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Post-operative monitoring must be compliant with the approved protocol. This form must be maintained for 1 year following the date of the surgery.

Analgesia Administered

Analgesic		ncentration (mg/mL)	Dosage	(mg/kg)	Volume (m	L)	Route		
One column may be used for all animals.									
Date									

Post-Op Monitoring

One line may be used for all animals.

Time Initials

Date	Time	Animal Score*	Surgical site ok? Circle one.	Observations/ Comments- Note the animal ID when referring to specific animals. ***If complications arise please contact Animal Facility Staff or Veterinarian***	Initials
			Yes/No		

^{*}Animal Score: 1= Active, 2= Inactive, 3= Moribund, 4= Found Dead

Date Released from Post-Op Monitoring	(sutures/clips removed,	, surgical site healed,	, and animals are h	iealthy
or euthanized):				