**Animal Procedure Form**

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| --- |
| Research Study Title …………………………………………….. |
| PI …………………………………………….. |
| Phone …………………………………………….. |
|  |
| Address ………………………….…………………….. |

*[Please respond to the following statements]*

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| --- | --- |
| **PROCEDURE NAME:** | Click or tap here to enter text. |
| Description of procedure*[Provide details and experience of the individuals who will be performing procedures (if known).]* | Click or tap here to enter text. |
| Justification/importance of procedure | Click or tap here to enter text. |
| Species of animals | Click or tap here to enter text. |
| Age of animals | Click or tap here to enter text. |
| Number of animals to be used in this procedure | Click or tap here to enter text. |
| Frequency (how many times will the procedure be performed?) | Click or tap here to enter text. |
| Duration (how long will the procedure take/how long will the animal be affected for?) | Click or tap here to enter text. |
| Severity classification of the procedure | Click or tap here to enter text. |
| Mention all the possible adverse effects of the procedure |
| If there is an expected attrition rate give the estimated % of animals and describe the potential reasons (e.g. reaching humane endpoints, anesthetic deaths, failure of animal model, other). |
| Click or tap here to enter text. |
| Details of anesthesia/analgesia (if not being used, provide details) |
| Click or tap here to enter text. |
| What is the fate of the animals at the end of this procedure? If the fate is euthanasia, mention the method |
| Click or tap here to enter text. |