# **Standard Procedure Data Input Form**

## **Procedure Type**: Experimental

**\* Name of the procedure or surgery**:

**\* Species**:

**\* Will administering this procedure cause any more than momentary pain and distress?** Yes or No

*If yes,*

i. Identify expected symptoms from administering this procedure (for example: weight loss, develop lesions due to an open tumor):

ii. Identify criteria under which animals will be removed from research:

***Attach any supporting documents as appendices to this document.***