# **Standard Procedure Data Input Form**

## **Procedure Type**: Imaging

**\* 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):

Click or tap here to enter text.

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

Click or tap here to enter text.

**\* Imaging types**

Computed Tomography (CT)

Echocardiography

Elastography

Endoscopy

Functional MRI (fMRI)

In Vivo Imaging Systems (IVIS)

Magnetic Resonance Imaging (MRI)

Medical Photography

Medical Ultrasonography (Ultrasound)

Positron Emission Tomography (PET)

Radiography

Tactile Imaging

Thermography

X-Ray

**Describe the imaging procedure** (include how the animal, equipment, and site will be prepared)**:**

**Frequency:**

**Duration of imaging session:**

**Purpose:**

**Will supportive care of animals be necessary?** Yes or No

**If yes, describe:**

**Select the substance administration procedures to be used:**

**Alternatively, if you cannot find the procedures in the list above, describe each substance and the step-by-step procedure to be used:** (include route, dose, volume, concentration, and whether substance is pharmaceutical grade):

**Indicate how animals will be monitored for distress during the procedure** (include any criteria for prematurely ending the session)**:**

**Describe post-procedural care and monitoring:**

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