# **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.***