# **Standard Procedure Data Input Form**

## **Procedure Type**: Non-Survival Surgery

**\* 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:

**\* Describe the surgical procedure:**

**\* Describe how the animal, surgeon, and instruments will be prepared for surgery:**

**Describe how death will be confirmed:**

**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):

**Describe the anesthetic monitoring:**

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