# **Standard Procedure Data Input Form**

## **Procedure Type**: Substance Administration

**\* 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:

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

**\* Substance(s)[[1]](#footnote-1):**

**Route:** *options listed below*

* Aerosol
* Epicutaneous
* Epidural
* Gavage
* Intracerebral
* Intradermal
* Intramuscular
* Intranasal
* Intraocular
* Intraosseous
* Intraperitoneal
* Intrathecal
* Intravenous
* Oral
* Other
* Subcutaneous
* Transcorneal
* Transdermal

***If you indicated Other, specify the route:***

**Dose:**

**Frequency of dosage:**

**Concentration:**

**Volume:**

**Complication remediation:**

**Substance order for the procedure:**

**\* Describe step-by-step the procedure for administering the substance:**

**Describe any anticipated adverse reactions to administering the substances:**

**\* Are all substances being administered in this procedure of pharmaceutical grade?:** Yes or No

For each non-pharmaceutical grade substance, provide justification for not using the pharmaceutical grade:

For each non-pharmaceutical grade substance, describe the procedures to be used to ensure the sterility, purity, stability and physiologic pH of the compound:

For each non-pharmaceutical grade substance, describe the storage method, if any:

**Select any related 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 monitoring of the animal during the procedure:**

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

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

# **Appendix A: Standard Substances**

**\* Name:** Click or tap here to enter text.

**\* Substance types (select all that apply):**

Analgesic

Anesthetic

Antibiotic

Antifungal Agent

Bacteria

Biological Hazard

Carcinogen

Cell Line

Chemical Agent

Chemical Hazard

Controlled Substance

Feed Additive

Infectious Agent

Paralytic Agent

Parasite

Pesticide

Radioactive Agent

Radioisotope

Toxicant

Toxin

Virus

Other

**\* Is this a hazardous agent: No**

1. For each substance administered as part of this Standard Procedure, complete and attach an accompanying Appendix A. [↑](#footnote-ref-1)