# **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)