# **Standard Procedure Data Input Form**

## **Procedure Type**: Tissue/Blood Collection

**\* 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:

**\* Identify tissues to be collected:**

**\* Describe the collection procedure:**

**Describe timing and frequency of collection and amount to be collected:**

**Describe any potential complications from collection**

**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):

**If withholding anesthesia/analgesia, provide scientific justification:**

**Describe the anesthetic monitoring**

**Describe post-procedureal care and monitoring**

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