Complete this appendix if the protocol involves invasive or surgical procedures.

Section 1

|  |  |
| --- | --- |
| Type of Protocol | [ ]  Research [ ] Teaching/Classroom [ ]  Wildlife |
| Who will execute these procedures? | [ ]  Students [ ] Faculty/Staff |
| Where will the invasive or surgical procedures take place? | Building/Room Number: |
| Where will the surgical and post-op records be maintained? | Building/Room Number:  |
| This project involves | [ ]  Surgical Procedures – Complete Sections 2 - 4 |
| [ ]  Non-Surgical Invasive Procedures – Complete Section 5 |

Section 2 Surgery

|  |  |
| --- | --- |
| How will surgical sites be prepared? | [ ] Standard Surgical Scrub [ ] Hair Removal Only [ ] Other (Describe Below) |
| Other: |
| Please include a description of the surgical procedure including surgical site, actual procedure, and method of closure.  |
|  |

Please check the surgical procedures to be used in this protocol and complete the details/explanations of each.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| [x]  | Procedure | Details/Explanations |
| [ ]  | Surgical Procedures | [ ] [Major](#Major) [ ] [Minor](#Minor) [ ] Terminal [ ] Second [Non-Survival](#NonSurvival)   |
|  |  | [ ] Multiple, justification for Multiple Types: |
|[ ]  Surgical Sterilization Procedures | [ ] Chemical Sterilant | [ ] Sterile from Manufacturer |
|  |  | [ ] Steam Autoclave Sterilization | [ ] Gas Sterilization (Ethylene Oxide) |
|  |  | [ ] N/A, Non-Survival | [ ] Other, Describe Below |
|  |  | Other: |
| [ ]  | Batch Surgery (Multiple) Sterile Field | [ ] Glass Bead Sterilization  | [ ] Other, Describe Below |
|  |  | Other: |
| [ ]  | Catheterization or Instrumentation | [ ] Aseptic Techniques | [ ] Anesthetic |
|  |  | Location on animal: |
|  |  | Duration: |
|  |  | Justification: |

Section 3 – Suture Information

Please specify suture material and location on the animal.

|  |  |
| --- | --- |
| Suture Material | Location |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Will the skin sutures or staples be removed within 14 days? | [ ] Yes  | [ ] No (Justify below) |
| Justification: |  |

Section 4 – Post-Operative Information

|  |
| --- |
| How will post-operative pain be monitored and managed if present? |
|  |
| Post-Operative Care  | Clinical Signs of Pain: |  |
| Observation Schedule: |  |
| Responsible Persons: |  |
| Do you anticipate the possibility of sudden death during the post-operative period? | [ ] Yes (Describe below and discuss steps taken to minimize this possibility) | [ ] No |
| Description: |  |

Section 5 – Non-Surgical Invasive Procedures

|  |
| --- |
| Please describe any non-surgical invasive procedures.  |
|  |