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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | |  |
|  | 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. |
|  |