This form need only be completed if surgical procedures are performed on live animals, and if the animal is expected to survive after surgery is completed. It is not required for minor surgical procedures, such as injection or bleeding, or for euthanasia.

1. Protocol Title: ________________________________
2. Principal Investigator: ________________________________
3. School, Division or Department: ________________________________
4. Species, strain and sex of animals: ________________________________
5. Estimate of the number of animals to be used annually: ________________________________
6. Provide a complete description of the proposed use of animals. (Note: Please refer to questions 6a. through 6g. to avoid duplication of information.)

a. Experimental administrations. (Under agent, identify biological materials, reference or control standards, general category of test compounds, etc. List each administration separately.)

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<th>Agent</th>
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<th>Route</th>
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b. Will blood be collected from animals? ☐ No ☐ Yes
If yes, describe (method, amount, frequency):

__________________________________________________________

__________________________________________________________

c. Will animals be anesthetized or tranquilized during the study other than for surgical procedures? ☐ No ☐ Yes
If yes, describe


d. Will unanesthetized animals be restrained by chairs, slings, tethers, stanchions or other devices? If yes, please explain:
☐ No ☐ Yes

• Method of restraint: 

• Duration of restraint: 

• Frequency of restraint: 

• Observation during restraint: 


e. Will animal be deprived of food greater than 24 hours or water greater than 24 hours?
☐ No ☐ Yes

If yes, provide a justification and description of monitoring procedures.


f. Are surgical procedures employed? ☐ No ☐ Yes

If yes, complete this section. If no, go on to 6g (euthanasia).

(1) Check the statement that describes your project:
☐ Non-survival surgery (animals are euthanized under anesthesia without regaining consciousness)
☐ Minor survival surgery
☐ Major survival surgery (penetration and exposure of a body cavity, or resulting in a permanent impairment of physical or physiologic functions).

All survival surgery must be performed using aseptic procedures, including surgical gloves, masks, sterile instruments, and aseptic techniques. Major survival surgery on non-rodents, including rabbits, must be conducted in the LAF aseptic surgical suite location in the animal facility, non major survival surgery, and all surgery on rodents, may be performed outside of the surgical suite, but must be performed using aseptic procedures.

(2) Description of surgical procedure:
(3) Location where surgical procedures will be performed:
☐ LAF Aseptic Surgery Area  ☐ Other

(4) Preoperative care, anesthesia, monitoring/supportive care during surgery, and post-operative care:
☐ To be determined and performed by the LAF Veterinary services Group in consultation with LAF veterinarian. (Contact LAF to ensure adequate resources are available).
OR
☐ As detailed below:

Preoperative care (type, dose, route of administration of antibiotics, sedatives, medications prior to induction of anesthesia or the special care such as fluids, fasting, etc.):

__________________________________________________________

__________________________________________________________

Anesthesia/Analgesia (type, dose, route of administration of anesthetics, analgesics or sedative/tranquilizing agents employed to prevent pain and distress during surgery):

__________________________________________________________

__________________________________________________________

Monitoring and supportive care during surgery:

__________________________________________________________

__________________________________________________________

Post-operative care (survival procedures only): Location and frequency of observation/monitoring during the critical anesthetic and surgical recovery period, including arrangements during weekends, holidays and non-working hours, if appropriate:

__________________________________________________________

__________________________________________________________

Supportive care (fluids, oxygen, etc.) and drug therapy (antibiotics, analgesics, etc., including route of administration, frequency and dose):

__________________________________________________________

__________________________________________________________

g. Describe method of euthanasia to be used. Even if euthanasia is not a planned aspect of the project, you should provide a plan for euthanizing injured or diseases animals.
Does the procedure meet the recommendations of the 1993 AVMA Panel on Euthanasia?

☐ No ☐ Yes

*Please be certain that your narrative description provides a rationale for involving animals, for the appropriateness of the species and numbers of animals to be used. You must demonstrate that you have considered and rejected alternatives to animal research, and that you have taken all reasonable steps to ensure that animals remain comfortable.*

The attending veterinarian, or designee, must be consulted in the planning of potentially painful/distressful procedures.

_____________________________________________________________________

Space below for IACUC use only:

_____________________________________________________________________

Signature of SFSU Attending Veterinarian  Date