SECTION J

# NON-SURVIVAL SURGERY PROCEDURES

Append to Part I: Application for Animal Use if applicable.

**NOTE:** Repeat items 1 through 8 for each species that will have non-survival surgery.

## 1. Narrative of Non-Survival Surgery Procedures

1.1. Species: Click here to enter text.

1.2. Description of non-survival surgery procedures: Click here to enter text.

## 2. Pre-Operative Animal Support (Not Anesthesia)

2.1. Specify pre-operative actions that will be taken to prepare the animals for non-survival surgery (select all that apply):

[ ]  Body temperature support

[ ]  Clipping of fur

[ ]  Overnight food withdrawal

[ ]  Physical exam

[ ]  CBC (define blood sampling method: Click here to enter text.

[ ]  Chemistry profile (define blood sampling method): Click here to enter text.

[ ]  Drugs (other than anesthetics and sedatives) or fluids (list agents below):

### Table 2.A. Non Anesthetic Agents

To add additional agents, click on the **+** at the end of each box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AGENT | DOSE | ROUTE OF ADMINISTRATION | FREQUENCY OF ADMINISTRATION | DURATION OF TREATMENT |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 3. Pre-Operative Anesthesia/Sedation/Tranquilization

3.1. Will pre-operative anesthesia, sedation or tranquilization be provided to the animals?

[ ] NO. Drugs will not be administered to the animals prior to surgical anesthesia.

[ ] YES. Pre-operative drugs will be used to calm the animals. (List below)

### Table 3.A. Pre-Operative Anesthesia

To add additional agents, click on the **+** at the end of each box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRUG | DOSE | ROUTE OF ADMINISTRATION | FREQUENCY OF ADMINISTRATION | DURATION OF TREATMENT |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 4. Intra-Operative Animal Support (Not Anesthesia)

4.1. Specify intra-operative care that will be provided to animals during non-survival surgery (select all that apply):

[ ]  Mechanical ventilation

[ ]  Intravenous fluids

[ ]  Ophthalmic ointment to eyes

[ ]  Heat to prevent hypothermia

[ ]  Cooling to prevent hypothermia

[ ]  Other (specify): Click here to enter text.

[ ]  None (explain): Click here to enter text.

[ ]  Drugs (other than anesthetics and sedatives) or fluids (list agents below):

### Table 4.A. Non-anesthesia

To add additional agents, click on the **+** at the end of each box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRUG | DOSE | ROUTE OF ADMINISTRATION | FREQUENCY OF ADMINISTRATION | DURATION OF TREATMENT |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 5. Intra-Operative Anesthesia

5.1. Please list all agents and dosing regimens to be used for intra-operative anesthesia.

### Table 5.A. Intra-Operative Anesthetic Agent

To add additional agents, click on the **+** at the end of each box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ANESTHETIC AGENT | DOSE | ROUTE OF ADMINISTRATION | FREQUENCY OF ADMINISTRATION | DURATION OF TREATMENT |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 6. Neuromuscular Blocking Agents (paralytics)

6.1. Will neuromuscular blocking agents (paralytics) be used at any time during the procedure?

Choose an item.

### Table 6.A. Paralytic Agent(s)

To add additional agents, click on the **+** at the end of each box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PARALYTIC AGENT | DOSE | ROUTE OF ADMINISTRATION | FREQUENCY OF ADMINISTRATION | DURATION OF TREATMENT | REVERSAL AGENT (if appropriate) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

6.2. Please state why the use of paralytic agents during the procedure is necessary.

Click here to enter text.

## 7. Monitoring During Anesthesia

7.2. Indicate below the indices that will be used for intra-operative monitoring of animal condition and depth of anesthesia.

[ ]  Respiratory rate / effort

[ ]  Mucous membrane color Blood pressure

[ ]  Heart rate

[ ]  Body temperature

[ ]  Oxygen saturation

[ ]  Capillary refill time

[ ]  EKG

[ ]  Reflex (specify): Click here to enter text.

[ ]  Other (specify): Click here to enter text.

[ ]  Other (specify): Click here to enter text.

7.3. Specify the frequency at which the above indices will be recorded:

Click here to enter text.

## 8. Specimen Collection from Live Animals

8.1. Will specimens be collected from living animals during the non-survival surgery?

[ ] NO. Specimens will not be collected from living animals

[ ] YES. Define the specimen type and collection details below.

[ ]  Fluids (e.g., blood, lymph, ascites, CSF, GI fluids, etc.)

Fluid type (specify): Click here to enter text.

Volume (mls) per collection: Click here to enter text.

Collection method: Click here to enter text.

Frequency of collection: Click here to enter text.

Method of disposal: Click here to enter text.

[ ]  Solid Tissues

Tissue type (specify): Click here to enter text.

Volume (mm3) per collection: Click here to enter text.

Collection method: Click here to enter text.

Frequency of collection: Click here to enter text.

Method of disposal: Click here to enter text.