Rodent Surgery Approval Form

Protocol Number
Principal Investigator
T morper investigator
Project Title
Surgeon's Name
Date of Surgery
Animal Species/Strain
Number of Animals
Number of Attitudes
Surgical Procedure Description
Anesthesia Method
Analgesia Plan
Post-operative Care and Monitoring
Scientific Justification for Surgery

Euthanasia Criteria & Method		
Approval		
Approver Name		
Approval Date		