

## Rodent Post- Procedure Monitoring Form

**IACUC Protocol Number:** 

Contact Number:

Procedure:

Principal Investigator:

After Hours Contact Number:

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**Procedure Date:** 

Responsible Research Staff Name:

UM Email:

Species: 🛛 Mice 🛛 Rats

Analgesic(s) Date Cage ID Animal ID Body Urine Post-Pain Dose Volume (ml) Route (IV, Initial Administered Weight (g) Feces Procedure Assessment (mg/kg) IP, IM, SQ, or Hydration Assessment ID) Status or Notations

Appearance: N = Normal, A = Abnormal

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Pain Assessment: 1 (Normal) - 5 (Moribund, Very Painful) or similar scale from pain assessment outlined in an approved AUP

This form is an example. PI's are welcome to use this form or use a document of their choice, but it should include the requested information above. Documentation of monitoring should be maintained in the Procedure Room or Animal Housing room for assessment by the AV or LAR staff. This form can be used to monitor more than one animal. After all the rodents listed on this sheet are euthanized or have died, this sheet should be kept on file in the PI's laboratory. Frequency of monitoring must be performed as stipulated in the approved AUP.