SURGERY RECORD – MULTIPLE ANIMAL | UNIVERSITY OF ILLINOIS  
DIVISION OF ANIMAL RESOURCES OR AGRICULTURAL ANIMAL CARE AND USE PROGRAM  
**THIS FORM IS FILLABLE AND EDITABLE – CHANGE AS NEEDED**

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| --- | --- | --- | --- |
| **Protocol #:** | | **Animal ID:** | **Surgeon:** |
| **Investigator:** | | **Species:** | **Surgeon's Signature:** |
| **Procedure:** | | **Sex:** | **Assistant(s):** |
| **Date:** | **Breed/Strain:** | | **DOB or estimated age:** |
| **Surgery Room/bldg**: | | | **Lab Contact:** |

**Surgical procedure description:**

General description of operative procedure (must be consistent with IACUC protocol). Optional: give a brief overview here and attach the full description of surgical procedures

(if applicable) ET tube size: \_\_\_\_ Intubation time: \_\_\_\_\_\_, Extubation time: \_\_\_\_\_\_\_\_\_\_\_\_

**Pre-operative physical examination:**

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| --- | --- | --- |
| **Animal ID** | **Weight** | **Comments** |
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**Anesthesia, surgery, and recovery times:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Animal ID** | **Drug/Conc** | **Dose** | **Volume admin** | **Route** | **Anesthesia start time** | **Anesthesia end time** | **Sx start time** | **Sx end time** | **Recovery time** |
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**Other medications:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Animal ID** | **Indication** | **Drug/Concentration** | **Dose** | **Volume admin** | **Route** | **Time** | **Initials** |
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\* examples of indication include: pre-operative, intra-operative, post-operative, supportive [fluids, topical]

**\*If using drug mixture, please list drug and amounts mixed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POST-OP RECORD****:** immediate post-op monitoring (at least every 15 minutes until animal is in sternal recumbency). For non-rodent species, monitor animal’s temperature until it returns to normal.

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| **Cage or Animal ID** | **Time** | **Temp** | **Comments** | **Initial** |
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**Daily Post-op Monitoring (as described per protocol) Staple/suture removal (check one): ☐ Removed (Date): \_\_\_\_\_\_\_\_\_OR ☐ Not applicable**

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| --- | --- | --- | --- | --- | --- |
| **Cage or Animal ID** | **Date/Time** | **Surgical Site OK?** | **Post-Op Medication/Care (drug/concentration/volume)** | **Comments** | **Initial** |
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* **All ill or dead lab animals must be reported to the ACP-Lab.**
* **All ill or dead agricultural animals must be reported to the appropriate Farm Manager.**
* **CONTACT: ACP-Lab 333-2564,** [**acp-vdl@illinois.edu**](mailto:acp-vdl@illinois.edu)**. LAC 333-2000. ACP-Ag 265-6790,** [**acp-ag@illinois.edu**](mailto:acp-ag@illinois.edu)**.**