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| **INSTRUCTIONS**:   * Complete this form and supply a copy of any laboratory SOPs referenced in your responses for IACUC review. * Contact the Office of Research Integrity at [iacuc@une.edu](mailto:iacuc@une.edu) for any questions you may have with regard to this form. |

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| Version Date: | Enter date when form is first completed or date when form is last updated |
| Principal Investigator: | Enter text |
| IACUC #: | Enter ‘To Be Determined’ if IACUC # not assigned yet |
| Study Title: | Enter text |

| SURGICAL DETAILS |
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| 1. Summarize the surgical procedure(s) to be performed.   *Note: A laboratory SOP approved by the UNE IACUC may be referenced to describe the surgical procedure. Please specify the SOP # and the SOP title in your description of the procedure below.*   1. Describe any preoperative procedures such as food and fluid restriction (presurgical fasting), baseline data acquisition (e.g. body weight, blood work), presurgical sedation if needed, and acclimation to devices or jackets that might be in use after surgery.   Enter text   1. Describe the surgical procedure, including the following information: (i) aseptic techniques that will be used, (ii) plans for anesthesia and analgesia, (iii) incision site and its preparation, (iv) approximate duration of the procedure, (v) supportive measures during the procedure (e.g., fluids, ventilation), and (vi) monitoring parameters (e.g., depth of anesthesia, vital signs, oxygen saturation levels) during the procedure.   Enter text |
| 1. Is the identity of the individual(s) that will perform surgery and their qualifications, training, and/or experience described within *‘Supplemental Form A: Study Team Training & Qualification Summary’*?   Yes  No *(update Supplemental Form A)* |
| 1. Identify the location where surgery will be performed. *[e.g., building(s) and room(s)]*   Enter text |
| 1. Will this study involve survival surgery *(e.g., animal recovers from anesthesia following surgery)*?   No  Yes *(answer the questions below)*   1. Describe the postoperative care that will be provided *(e.g., housing and palliative care, suture removal, provision of analgesia and other postoperative medications to be administered)*.   Enter text   1. Identify the responsible individual(s) and location(s) where care will be provided *[e.g., building(s) and room(s)]*.   Enter text   1. Describe the plan to detect and manage postoperative complications in animals during work hours, after hours, weekends, and holidays *(e.g., parameters for monitoring pain and distress during recovery, other assessments for postoperative recovery, humane endpoints in case of unrelieved pain or distress)*.   Enter text |
| 1. Will this study involve non-survival surgery *(e.g., animal is euthanized before recovery from anesthesia)*?   No  Yes *(Describe how euthanasia will be provided and how death will be determined within Section J of the ‘Application for Initial & De Novo IACUC Review’)* |
| 1. Will this study involve the use of a paralytic agent *(e.g., a drug or compound that causes paralysis of the skeletal muscles) during surgery*?   No  Yes *(answer the questions below)*   1. Specify the name of the paralytic agent.   Enter text   1. Will the paralytic agent be administered to the animal after it has been properly anesthetized?   Yes  No *(provide justification below)*  Enter text   1. Describe how respiratory ventilation and vital signs (e.g., temperature, blood pressure, heart rate, etc.) will be monitored and maintained during surgery.   Enter text   1. Describe how pain will be assessed in the animal during surgery.   Enter text |
| 1. Has major or minor survival surgery been performed on any animal prior to being placed on this study?   *Note: Major survival surgery is defined as a procedure that penetrates and exposes a body cavity or produces substantial impairment of physical or physiological functions or involves extensive tissue dissection or transection such as laparotomy (incision into the abdominal cavity), thoracotomy (incision between the ribs), craniotomy (surgical opening of the skull), joint replacement, or limb amputation.*  No  Yes *(answer the questions below)*   1. Specify if the previous survival surgery was major or minor.   Enter text   1. Specify the date of the previous survival surgery.   Enter text   1. Provide details of the previous survival surgery.   *Note: A laboratory SOP approved by the UNE IACUC may be referenced to describe the surgical procedure. Please specify the SOP # and the SOP title in your description of the procedure below.*  Enter text |
| 1. Will more than one survival surgery be performed on an animal while on this study *(e.g., multiple anesthetic events are planned)*?   *Note: Performing multiple survival surgeries on animals as a way of reducing animal numbers is NOT generally accepted by the IACUC.*  No  Yes *(answer the questions below)*   1. Provide a scientific justification for why multiple survival surgeries are required.   Enter text   1. Indicate whether the survival surgeries are major or minor.   *Note: Major survival surgery is defined as a procedure that penetrates and exposes a body cavity or produces substantial impairment of physical or physiological functions or involves extensive tissue dissection or transection such as laparotomy (incision into the abdominal cavity), thoracotomy (incision between the ribs), craniotomy (surgical opening of the skull), joint replacement, or limb amputation.*  Enter text   1. Specify the minimum time period planned between surgeries.   Enter text   1. Will major surgery be conducted on animals prior to purchase and/or transfer to UNE?   No  Yes *(provide a brief description of the procedure and any measures taken during care and acclimation at UNE below)*  Enter text |