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| **INSTRUCTIONS**:   * Complete [Section A](#SectionA) if surgical procedures will be performed under aseptic conditions in a controlled, laboratory or surgical environment. Complete [Section B](#SectionB) if surgical procedures will be performed in field settings or other environments where full aseptic technique may not be feasible. * Provide a copy of any laboratory SOPs referenced in your responses for IACUC review. You do NOT need to submit a copy of the IACUC-approved Behavior Core Service Book. * E-mail [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 |
| Project Title: | Enter text |

| 1. **LABORATORY-BASED ASEPTIC SURGICAL PROCEDURES** |
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| 1. **Summarize the surgical procedure(s) to be performed.**   ***Note****: You may reference a laboratory SOP approved by the UNE IACUC to describe the surgical procedure. If you do so, please include the SOP title and specify the relevant section(s) in your description below.*   1. Indicate the type of surgery to be conducted:   **Major Surgery**: A procedure that penetrates and exposes a body cavity or produces substantial impairment or physical/physiologic function. It may also involve extensive tissue dissection or transection  (e.g., laparotomy, thoracotomy, craniotomy, joint replacement, limb amputation).  **Minor Surgery**: A procedure that does not expose a major body cavity and causes little or no impairment of physical or physiological function.   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, preparation of surgical site (e.g., clipping, use of antiseptic scrub/solution), and acclimation to devices or jackets that might be in use after surgery.   Enter text   1. Describe the facility or area where the surgery will be performed, including (i) how the area will be prepared before each surgery, (ii) how surgical instruments will be cleaned and sterilized, and (iii) how individuals responsible for surgery will prepare themselves (e.g., attire, hand hygiene).   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) anatomical incision site and method of wound closure, (iv) approximate duration of the procedure, (v) rescue or supportive measures administered during the procedure (e.g., intravenous fluids, rescue drugs, mechanical ventilation), and (vi) monitoring parameters (e.g., anesthesia depth, 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 project 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 project 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 project 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 only after the animal 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) will be monitored and maintained during surgery.   Enter text   1. Describe how pain and anesthetic depth will be assessed during surgery, and how analgesia will be managed.   Enter text |
| 1. **Has major or minor survival surgery been performed on any animal prior to being placed on this project?**   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****: You may reference a laboratory SOP approved by the UNE IACUC to describe the surgical procedure. If you do so, please include the SOP title and specify the relevant section(s) in your description below.*  Enter text |
| 1. **Will more than one survival surgery be performed on an animal while on this project *(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 each survival surgery to be performed is classified as major or minor.   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 |

| 1. **FIELD-BASED OR NON-ASEPTIC SURGICAL PROCEDURES** |
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| 1. **Summarize the surgical procedure(s) to be performed.**   ***Note****: You may reference a laboratory SOP approved by the UNE IACUC to describe the surgical procedure. If you do so, please include the SOP title and specify the relevant section(s) in your description below.*   1. Indicate the type of surgery to be conducted:   **Major Surgery**: A procedure that penetrates and exposes a body cavity or produces substantial impairment or physical/physiologic function. It may also involve extensive tissue dissection or transection (e.g., laparotomy, thoracotomy, craniotomy, joint replacement, limb amputation).  **Minor Surgery**: A procedure that does not expose a major body cavity and causes little or no impairment of physical or physiological function.   1. Describe the limitations on aseptic technique and why full asepsis is not possible. *(e.g., limited equipment, weather, remote locations)*   Enter text   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 preparation of surgical site (e.g., clipping, use of antiseptic scrub/solution).   Enter text   1. Describe the facility or area where the surgery will be performed, including (i) how the area will be prepared before each surgery, (ii) how surgical instruments will be sterilized or disinfected, and (iii) how individuals responsible for surgery will prepare themselves (e.g., attire, hand hygiene).   Enter text   1. Describe the surgical procedure, including the following information: (i) techniques that will be used, (ii) plans for anesthesia and analgesia, (iii) anatomical incision site and method of wound closure, (iv) approximate duration of the procedure, (v) rescue or supportive measures aministered during the procedure (e.g., fluid administration, rescue drugs, temperature regulation), and (vi) monitoring parameters (e.g., anesthesia depth, respiration rate, reflexes) 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 (e.g., GPS coordinates or general region) where surgery will be performed.**   Enter text |
| 1. **Will this project involve survival surgery *(e.g., animal recovers from anesthesia following surgery)*?**   No  Yes *(answer the questions below)*   1. Describe the postoperative monitoring procedures to be employed, including time intervals, parameters, and personnel responsible.   Enter text   1. Describe the recovery environment and how animals will be protected from environmental hazards and predators. *(e.g., shade, shelter, portable crates, floating net pen, temperature regulation, observation)*   Enter text |
| 1. **Will this project 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 project 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 only after the animal has been properly anesthetized?   Yes  No *(provide justification below)*  Enter text   1. Describe how respiratory function and vital signs (e.g., temperature, blood pressure, heart rate) will be monitored and maintained during surgery, considering the possible limitations of the surgical environment.   Enter text   1. Describe how pain and anesthetic depth will be assessed during surgery, and how analgesia will be managed, given the possible constraints of the surgical environment.   Enter text |
| 1. **Will any animals in this project undergo more than one survival surgery, either during this project or as a result of previous field procedures (e.g., recapture, re-implantation)?**   ***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 known or believed to be major or minor.   ***Note****: If the classification is unknown, provide any available information about the nature of the prior procedure(s) and the source of that information (e.g., tags, field notes, published data).*  Enter text   1. Specify the minimum planned time interval between survival surgeries, if applicable.   ***Note****: If the previous surgery was performed under a different project and the timing is unknown, provide your best estimate and describe how the animal’s current condition and suitability for additional procedures will be assessed.*  Enter text |