

APPENDIX B

NONSURGICAL PROCEDURES NOT INCLUDING ANTIBODY PRODUCTION

1. Place a check by the procedures that will be used in this application.

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|--|--|---|
| <input type="checkbox"/> Oral treatments | <input type="checkbox"/> Injections (IV, SQ, IM, etc.) | <input type="checkbox"/> Blood collections |
| <input type="checkbox"/> Topical applications | <input type="checkbox"/> Non-surgical catheter use | <input type="checkbox"/> Fluid collections |
| <input type="checkbox"/> Radiographs | <input type="checkbox"/> Intranasal administrations | <input type="checkbox"/> Behavioral studies |
| <input type="checkbox"/> Exercise studies | <input type="checkbox"/> Abnormal noise levels | <input type="checkbox"/> E.K.G. |
| <input type="checkbox"/> Environmental O ₂ variations | <input type="checkbox"/> Abnormal light levels or cycles | <input type="checkbox"/> Ocular exams |
| <input type="checkbox"/> Blood pressure monitoring | <input type="checkbox"/> Food or fluid restrictions | <input type="checkbox"/> Irradiation |
| <input type="checkbox"/> Exposure to abnormal temperature | <input type="checkbox"/> Other (describe) | |

2. Will the use of paralytics be required for these procedures?

Yes No

(Paralyzing drugs must be used only while the animals are fully anesthetized/sedated. If paralytics will be used, blood pressure and heart rate must be monitored. Describe the methods that will be used to monitor for possible elevations in blood pressure and heart rate to ensure that adequate levels of anesthesia/sedation are maintained while the animals are paralyzed).

Will the use of anesthetics be required for these procedures?

Yes No

List the anesthetic agent(s) that will be used.

Agent	Dose (mg/kg body wt.)	Route	Frequency

Signature of animal facility supervisor and/or attending veterinarian

Date

3. Briefly describe the technique to be used for the procedure(s). Include in your description the frequency and the maximum number of procedures to be conducted per animal.