

Surgical Intervention Form
Institutional Animal Care and Use Committee
Rowan University

When applicable, complete one of these forms for each species used, attach to your protocol application, and return to the Office of the Associate Provost for Research

Protocol Title:

Protocol PI or Faculty Sponsor:

Department and Facility: _____

Surgery Summary

Species (and common name):

Surgery Location (building/room number): _

Type of Surgery (Check all that apply. Include detailed information in main application.)

_____ Major Surgery

Procedures that penetrate and expose a body cavity or produce substantial impairment of physical or physiologic functions (such as laparotomy, thoracotomy, craniotomy, joint replacement, and limb amputation).

_____ Minor Surgery

Procedures that do not expose a body cavity and cause little or no physical impairment (such as wound suturing; peripheral-vessel cannulation; such routine farm-animal procedures as castration, dehorning, and repair of prolapses; and most procedures routinely done on an "outpatient" basis in veterinary clinical practice).

_____ Terminal Surgery

Procedures in an anesthetized animal after which the animal is euthanized in accordance with ethical guidelines before recovery from anesthesia occurs.

_____ Survival Surgery

Procedures in an anesthetized animal after which the animal recovers or is maintained in an anesthetized state.

Qualifications of Personnel Performing Surgery

Please indicate the qualifications of all potential surgeons for performing these techniques.

Care and Anesthesia During Surgery Procedures

_____ Yes _____ No .Will the animals be attended at all times during the surgical procedures?
If no, explain.

Pre-anesthetic. List agents, doses, and routes of administration.

Anesthetic. List agents, doses, and routes of administration.

_____ Yes _____ No Paralytic use?

Postoperative Care (Survival Surgery)

_____ Yes _____ No Will a veterinarian be needed? If yes, explain.

Postoperative Care Room (Building & Room Number)

Names of People Monitoring Recovery

Observation Frequency _____

Analgesia (List agents, doses, routes, duration, and frequency.)

Treatment (List medications, doses, and routes of administration.)

Multiple Major Survival Procedures on Same Animals

_____ Yes _____ No Same as initial surgical procedures?

Provide a written justification of the procedure. Title the justification, Multiple Major Survival Surgical Justification. Include a complete description of differences from initial surgery, including anesthetic, methods, treatments, etc.).

(Continue on separate sheet)

Signature

PI or Faculty Sponsor Signature:

_____ Date _____

(must be an employee or hold an academic appointment at the Rowan University)