Appendix III

CBU Rodent Surgery Report Card

RODENT SURGERY REPORT

Date of Sx: ___/___/20___  Sx End Time: _________ □am□pm
Contact: ____________________ Phone #: ______________
Procedure: ___________________ Protocol #: ________________

Anesthetic (per protocol):
□ Isoflurane  □ Ketamine/Xylazine  □ Other ______________________

Postoperative Analgesic (per protocol):
Drug Name __________________ mg/kg  _____ Route ______
Frequency & Duration ___________________________________________________________________
□ Exempt per IACUC

Monitoring (per protocol):
Frequency & Duration ___________________________________________________________________

Score Code:
Activity 0=normal 1=reduced 2=poor 3=moribund
Pain 0=none 1=mild 2=moderate 3=severe
Incision 0=normal 1=inflamed 2=infected 3=dehisced
Score each category each time animal is observed

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<thead>
<tr>
<th></th>
<th>Pre-Sx</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
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</thead>
<tbody>
<tr>
<td>Activity</td>
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<td>Pain</td>
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<tr>
<td>Incision</td>
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<tr>
<td>Initials</td>
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</tbody>
</table>

Analgesic □am □pm □am □pm □am □pm □am □pm

Any one score of 3, euthanize or contact CBU immediately
Comments: □ If yes, check box & write on the back