Front

▪Fill in the last name of the PI

▪Fill in the full name and **cell phone number** of the person to contact if there is a problem with the animal(s).
▪This number should be good for after hours and weekend calls.

▪Fill in the date(s)
▪Circle AM/PM when the procedure(s) was/were performed

▪Fill in the procedure(s) performed. Any procedure with a Procedure Form or Surgery Form **must** be included here (exceptions: genotyping/identification).
▪Pain meds given **must** be included here.
▪Anesthesia type **must** be included here.
▪AM & PM treatments can be written on 1 line (AM & PM circled and 2 initials)
▪Multiple repeated procedures can be listed once on card. Specific daily details should be recorded in your lab notebook
▪Additional information including drug dose and route, observations made, tumor size measurements, Body Condition Score assessments and/or body weight measurements, etc. **must** be documented *either* on card *or* in lab notebook.

Rodent Record

PI: *Molk* Protocol # *2015N000000*

Contact Person/Phone #: *Kristin Matthews 617-643-5555*

Date	AM/PM	Procedure/Treatment/Observation/Anesthesia/Analgesia	Initials
1/26/16	AM/PM	*3 of 3 mice – Iso, B16 tum cells SQ, start special water- aspirin*	*KAM*
1/29/16	AM/PM	*3/3 mice tumors < 10mm, Wt stable*	*KAM*
2/5/16	AM/PM	*1/3 mice with ulcerated tum- euth. via CO2; 2/3 tumor <15mm, Wt increasing*	*KAM*
2/11/16	AM/PM	*2/3 mice tum>15mm euth. via CO2*	*KAM*
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		

☑ **All individuals will monitor all animals in accordance with the IACUC protocol.**

▪Fill in the approved IACUC protocol #

▪Fill in the initials of the person performing the observations and/or treatments

▪User(s) must read and attest (check) that all animals will be monitored & treated in accordance with the approved IACUC protocol.
▪Observations and details **must** be documented either on card or lab notebook.
▪The IACUC may audit laboratory records as part of the Post-Approval Monitoring program.

Back

Date	AM/PM	Procedure/Treatment/Observation/Anesthesia/Analgesia	Initials
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		
	AM/PM		

Abbreviation List

Iso- Isoflurane
K/X- Ketamine/Xylazine
Pent-Pentobarbital
Bupr- Buprenorphine
Bupi-Bupivicaine
Lido- Lidocaine
Carp-Carprofen
Mel-Meloxicam
Tam-Tamoxifan
Tyl- Tylenol
Fen-Fentanyl
Doxy-Doxycycline
SQ- subcutaneous
IP- intraperitoneal
IM- intramuscular
IV- intravenous
IN- intranasal
ID- intradermal
Sx- surgery
Gav- gavage
Inj- injection
Cath- catheter
FB- facial bleed
FR – food/fluid restriction
RO- retro-orbital
TN- tail nick
Wt- weight
Tum- tumor
MCAO- middle cerebral artery occlusion
DW- dorsal window
CW- cranial window
Lap- laparotomy
FA- Freund's adjuvant
AAV- adeno-associated virus
CHI- closed-head injury
MBP- myelin basic protein
CTT- cold tolerance test
SQMP- subcutaneous mini-pump
IPMP- intraperitoneal mini-pump
HC- headcap
GTT- glucose tolerance test
ITT- insulin tolerance test
MI- myocardial infarction
PB- parabiosis
Irrad-Irradiation
Tx- treatment/therapy

For more information refer to: (1) Talk to the manager of your lab about why and when this card needs to be used, and how to fill it out correctly. (2) IACUC Policy on Observation and Record Keeping; (3) IACUC Website: http://is.partners.org/aniweb/sracnews.htm;

V2 08/02/17