

PRE-PROCEDURAL MEETING REVIEW

Duke University Medical Center, Division of Laboratory Animal Resources
Box 3180 DUMC, Vivarium, Research Drive
Phone: (919) 684-4171; Fax: (919) 668-1642

The purpose of this pre-procedural meeting is to:

1. ensure that the veterinary staff and the DLAR technical support are familiar with the planned procedure;
 2. discuss any potential complications and adverse events to the extent that all participants are properly trained and knowledgeable of their responsibilities; and
 3. confirm availability of required equipment, supplies, and/or technical support.
-

Date Submitted: _____

Date Procedure Requested: _____

Investigator: _____

IACUC Protocol No.: _____

Submitted by: _____

Phone/Fax/Email: _____

1. This meeting was requested in response to a:

DLAR Surgical Service Request Form

Veterinary Technical Service Request (skip items 4-8)

Other (please describe): _____

2. Special Husbandry Requirements:

a. Responsibility DLAR Investigator Lab Personnel

b. Fasting required? Yes; duration _____ No

c. Does study have special requirements such as limited access or limits on noise requirements? If yes, please list. Yes No

d. Other: _____

3. Pre-Procedural Treatment (please include dose, frequency and route for drugs given):

a. Responsibility DLAR Investigator Lab Personnel

b. _____

c. _____

4. Synopsis of Surgical Procedure:

5. Surgical Procedure to be Performed by _____

a. Surgical Assistant(s) _____

6. Anesthesia Regimen (please indicate dose, frequency and route):

a. _____

b. _____

7. Anesthetist(s):

a. Responsibility DLAR Investigator Lab Personnel

b. _____

c. _____

8. Method of Restraint:

a. _____

b. _____

PRE-PROCEDURAL MEETING REVIEW

Duke University Medical Center, Division of Laboratory Animal Resources
Box 3180 DUMC, Vivarium, Research Drive
Phone: (919) 684-4171; Fax: (919) 668-1642

9. Recovery Personnel:

- a. Responsibility DLAR Investigator Lab Personnel
b. _____
c. _____

10. Post-Procedural Care (please indicate dose, frequency and route for drugs given):

- a. Responsibility DLAR Investigator Lab Personnel
b. _____
c. _____

11. Additional Room Signage Needed? If yes, please print. Yes No

12. Schedule of Additional Procedures Dates/Times:

- a. Responsibility DLAR Investigator Lab Personnel
b. _____
c. _____

13. Euthanasia* (please indicate agents used, dose and route):

- a. Responsibility DLAR Investigator Lab Personnel
b. _____
c. _____

What endpoints are used to determine that the animal should be euthanized?

*** If the animal has reached one of these endpoints or is otherwise found in extremis, DLAR will carry out medical intervention or euthanasia for humane reasons. Efforts will be made to contact laboratory personnel prior to euthanasia or treatment. Please list names and contact number for laboratory personnel.**

14. Does this study involve IACUC approved pain or distress without the administration of agents to alleviate this pain or distress? Yes No

15. Are there any medications that are contraindicated? If yes, please list. Yes No

- a. _____
b. _____
c. _____

FOR DLAR USE ONLY:

Date Meeting Scheduled: _____

Date Confirmation Sent: _____

Original: Dr. Francis Sun Copy: PI

Attendees invited: _____

Attendees present: _____

Copy(ies) Other: _____