|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Protocol number: | Date Submitted: | | | |
| PI Name: | Phone number: | | | |
| Type of Surgery: | Survival or Nonsurvival | | | |
| Surgery Date: |  | | | |
| Animal Number: |  | | | |
| Transfer Date: |  | | | |
|  |  | | | |
| Person responsible for receiving animals: | Name: | | Phone: | |
| Pre-transfer animal care requirements: | |  |  | | --- | --- | |  |  | | | | |
| **You must submit this form two times. The first submission is for the scheduled personnel and must be submitted 72 hours prior to the surgery to the IACUC coordinator. All personnel listed below must be on the protocol and duties listed in Section G of the protocol, must be consistent with the below responsibilities. The form will be reviewed and clearance will be provided to release the animal for surgery. Within 24 hours after the surgery, this form must be sent again to the IACUC coordinator indicating the actual personnel doing the procedures. Any changes in scheduled personnel and actual personnel must be indicated in the medical records.** | | | | |
| **Personnel on the Project** | **Scheduled** | | | **Actual** |
| Surgery Coordinator (list only 1 person who is in charge, responsible for animal safety, and this person must have authority to end surgery) |  | | |  |
| Head Surgeon/backup (1 surgeon per procedure with backup): |  | | |  |
|  |  | | |  |
| Assistant Surgeons: |  | | |  |
| Lead Anesthesia (list only 1 person): |  | | |  |
| Assistant Anesthesia (list only 1 person): |  | | |  |
| Nonsterile circulating personnel facilitating procedures: |  | | |  |
| Postoperative Recovery Coordinator  (list only 1 person): |  | | |  |
| Postoperative care Coordinator  (list only 1 person): |  | | |  |
| Others with direct animal contact: |  | | |  |
| **Exempt Personnel (observers, visiting scientists not involved with the animal in any manner)** | | | | | | |
| Name | | Role/ Reason | | | |