



University Animal Care Committee (UACC)

**Schedule 10: Minor Procedures**

1. Blood and Tissue collection					
1.1 Will blood be collected? If YES, complete the table below. If more than 3 quantities will be withdrawn, attach a second Schedule 10.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Timing of Collection (e.g., study day 1,3,5)	Timing of Collection (e.g., study day 1,3,5)	Timing of Collection (e.g., study day 1,3,5)	
1.1.1	Maximum amount Collected				
1.1.2	Total Number of Collections				
1.1.3	Minimum animal weight at time of collection				
1.1.4	Collection site				
1.1.5 Describe method(s) of blood collection, or attach a SOP or cite a UACC approved SOP					
1.2 Will tissues be collected? If YES, what tissues will be collected?				<input type="checkbox"/> YES	<input type="checkbox"/> NO



1.2.2 Will Tissues be collected only after Euthanasia? If YES, that is sufficient, if NO, provide details of tissue collection, including method, time of collection, method of restraint, or attach a SOP or cite a UACC approved SOP.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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**2.0 Substance administration**

2.1 Check the box that best fits the route substances will be administered by?

Orally     
  By Injection     
  In food     
  Other route

2.2 Describe the method of administration, or attach a SOP or cite a UACC approved SOP

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2.3 For substances administer by injection complete the following section/ table. Any agent being injected must be listed, including contents of control or sham injections. Space is provided for 3 different substances. If more space is required, attach a second Schedule.

	Substance 1	Substance 2	Substance 3
Identify Substance			
Volume Injected			
Route (e.g., I.M., I.V., Sub Q)			
Frequency			
Total Duration			



**2.4** If the agent(s) to be injected are not licensed pharmaceuticals given by approved route, provide information about the pH, osmolality and sterilization methods of the substances.

**2.5** If in-dwelling catheters (venous, arterial, urinary) are to be used, provide details, including duration of catheterization. If surgery is required, complete and attach Schedule 1: Surgery.

**2.6** For substances administered in the food, will they impact the diet palatability or shelf life or interfere with the nutrient availability of the diet?



**3.0 Animal Identification and Tracking**

**3.1** If a method of individual animal identification will be utilized, describe the method, or attach a SOP or cite a UACC approved SOP (It is expected that the least stressful procedure will be used.)

**3.2** If an individual animal will be marked, will the marking have any adverse effect on the animals and if so what is done to limit the effect?

**3.3** Will transmitters or transponders be implanted/attached? If so, provide details on the device, the duration of its use, its method of attachment /implantation and if/how it will be removed. (Note - if anesthesia is required, complete and attach an anesthesia schedule. )