**University of Delaware**

**Institutional Animal Care and Use Committee**

**Application to Use Animals in Research and Teaching**

**ADDENDUM “E”**

**Terminal Surgery**

|  |  |
| --- | --- |
| **AUP Number:** Click here to enter text. | **🡨 (4 digits only — if new, leave blank)** |
| **Project:** Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Species** | **Procedure** | **Number of** **Animals** | **Justification** |
| a) Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. |
| b) Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. |
| c) Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. |

 |
| 1. **Medications:**
 |
| * 1. Pre-operative medications [drug; dose (mg/kg); route; frequency]:

Click here to enter text. |
| * 1. Anesthesia [drug; dose (mg/kg); route; frequency]:

 Click here to enter text. |
| 1. **Surgical Procedure:**
 |
| * 1. Briefly describe your non-survival surgical procedure:

 Click here to enter text. |

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