Brandon University Animal Use Protocol  
Schedule 10  
Surgical Procedures

Please save this file to your computer. Applicants are required to complete **all** sections and submit electronically to the Research Ethics Officer at [buacc@brandonu.ca](mailto:buacc@brandonu.ca).

All sections in this form will expand as necessary. Questions about using the form should be directed to Shannon Downey, Administrative Officer to the Vice-President (Academic & Provost) and Research Ethics Officer, at (204) 727-9**712** or [downeys@brandonu.ca](mailto:downeys@brandonu.ca).

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| 1. **Where will the surgery be performed?** | | |
| 1. **What is the expected duration of the surgery?** | | |
| 1. **Provide the details on pain/distress management throughout the project, including the drugs proposed for anaesthesia, tranquilization or analgesia.** | | |
| 1. **Indicate the dosages in mg/kg body weight and volume to be administered.** | | |
| 1. **Indicate the route of administration.** | | |
| 1. **At what point will these drugs be administered?** | | |
| 1. **Provide a brief technical description of the surgical procedure(s).** | | |
| 1. **Describe how the animals will be monitored during and following surgery.** | | |
| 1. **Specify the personnel who will be performing the survey and post-operative care:** | | |
|  | **Name** | **Qualifications** |
| **Surgeon:** |  |  |
| **Assistant(s):** |  |  |
| **Post-operative Care:** |  |  |