RODENT POST-PROCEDURAL MONITORING LOG

PI Name: ______________________ Contact name: ______________________

Protocol #: ______________________ Emergency contact number: ______________________

Cages or Individual ID #s: ______________________

Initial Procedure Date: ______________ Instrumentation (circle one): Internalized or Externalized

Procedure Description: ______________________

Date	Initials	Any Treatments Given (analgesics, study drugs)	Comments (health observations, suture removal, bandage change, euthanasia, found dead)