



## STANDARD OPERATING PROCEDURE 501

## RODENT PROCEDURES LOG

 Preclinical Research Center  
 Ben-Gurion University of the Negev

Investigator:	Protocol:
Procedure:	Performed by:

**Instructions:** complete this log for rodent procedures requiring anesthesia, analgesia, or post-procedure care (ex., surgeries, experimental infection). Keep the log in the housing room while active and in your files for future review by BGU veterinarian staff and Ministry of Health inspectors.

**ANALGESIA**

- carprofen: mouse: 20mg/kg, rat: 5-10 mg/kg, SC, every 24 hrs  
 buprenorphine: mouse: 0.1mg/kg SC or IP every 4-8 hrs;  
 rat: 0.05mg/kg, SC or IP, every 8-12 hrs  
 lidocaine/bupivacaine (local analgesic)  
 Other: \_\_\_\_\_

**ANESTHESIA**

- isoflurane 2-2.5%  
 ketamine/xylazine/acepromazine\*:  
 mouse: 100 mg/kg (K)- 10 mg/kg (X)- 3 mg/kg (A) IP  
 rat: 50 mg/kg (K)- 5 mg/kg (X)- 1 mg/kg (A); IP or IM  
 Other: \_\_\_\_\_

**OTHER AGENTS ADMINISTERED**

- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Animal ID	Date	Anesthesia		Analgesia		Other		Heat Source Provided		Recovery time	Comments/observations	Initials
		dose	time	dose	time	dose	time	procedure	recovery			
1								<input type="checkbox"/>	<input type="checkbox"/>			
2								<input type="checkbox"/>	<input type="checkbox"/>			
3								<input type="checkbox"/>	<input type="checkbox"/>			
4								<input type="checkbox"/>	<input type="checkbox"/>			
5								<input type="checkbox"/>	<input type="checkbox"/>			
6								<input type="checkbox"/>	<input type="checkbox"/>			
7								<input type="checkbox"/>	<input type="checkbox"/>			
8								<input type="checkbox"/>	<input type="checkbox"/>			
9								<input type="checkbox"/>	<input type="checkbox"/>			
10								<input type="checkbox"/>	<input type="checkbox"/>			
11								<input type="checkbox"/>	<input type="checkbox"/>			
12								<input type="checkbox"/>	<input type="checkbox"/>			
13								<input type="checkbox"/>	<input type="checkbox"/>			
14								<input type="checkbox"/>	<input type="checkbox"/>			

Comments/footnotes:



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- OTHER \_\_\_\_\_

Animal ID	Date	Analgesia			SC fluids			Wet food			Time			Remove Sutures (Day 7-10)
		Day 1	Day 2	Day 3	Day 1	Day 2	Day 3	Day 1	Day 2	Day 3	Day 1	Day 2	Day 3	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
Comments/footnotes:														