

Date: _____
Time of Transfer: _____

GLP ___ Non GLP ___

Animal Information

RAR Animal ID: _____		Surgical ID: _____	
Species: _____	Sex: _____	Weight (kg): _____	
Investigator: _____	Protocol #: _____	Dept: _____	
Contact: _____	Phone: _____	Pager: _____	

Type of Procedure/Location of Incision(s)

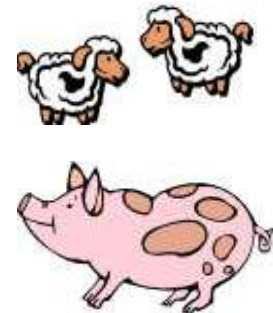
Mitral valve implant _____	Vascular graft implant _____
Aortic valve implant _____	Angiograph _____
Coronary artery bypass _____	Transplant _____
Other _____	
Location of Incision(s) _____	

Complications during procedure

Break in sterile technique _____	Pneumothorax _____
Fractured rib _____	Blood transfusion _____ # of units _____
Difficult intubation _____	Cardiac arrest/defibrillation _____
Other _____	Additional comments _____

Medications/Anesthetics

Medications	Dose	Vol.(cc)	Route	Time	Initials



Postoperative Care Requests
