

University of Pittsburgh Division of Laboratory Animal Resources (DLAR)

Treatment and Observation Form

ANIMAL ID & SPECIES	PROTOCOL	LOCATION (Building/Room/Rack/Box)
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TREATMENT REQUESTED BY:	PI EMERGENCY CONTACT (NAME & NUMBER):
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REASON FOR TREATMENT:

OBSERVE ANIMAL FOR THE FOLLOWING CLINICAL PARAMETERS AND WRITE OBSERVATIONS:

Drug Name and Dose (mg/kg)	Drug Dose in Volume/Tablets, etc.	Route	Frequency	Duration
DATE (mm/dd/yy)	/ /	/ /	/ /	/ /
AM	PM			
Initial				

Drug Name and Dose (mg/kg)	Drug Dose in Volume/Tablets, etc.	Route	Frequency	Duration
DATE (mm/dd/yy)	/ /	/ /	/ /	/ /
AM	PM			
Initial				

Drug Name and Dose (mg/kg)	Drug Dose in Volume/Tablets, etc.	Route	Frequency	Duration
DATE (mm/dd/yy)	/ /	/ /	/ /	/ /
AM	PM			
Initial				

OBSERVATIONS (include clinical notes, dates, and initials)
