PI:

IACUC Protocol #:  (office use only)

**APPENDIX B – Non-Surgical Procedures**

***Be sure to fill out a separate Appendix B for each non-surgical procedure***

1. Name of non-surgical procedure

1. Provide details of the non-surgical procedure mentioned above.

1. Does this procedure involve use of anesthesia? [ ]  Yes [ ]  No

If yes, describe anesthesia regime and include post-anesthesia care.

1. Indicate the approximate possible percentage morbidity and mortality due to the described procedures. Be sure to include likely causes and how they will be addressed.