# Indiana University BloomingtonAnesthesia Monitoring Form

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| IACUC Protocol #:       PI:      Date:      |
| Surgeon:       Anesthetist      | Surgery Room/bldg.:      |
| Animal ID#:      | Species:      | Strain:      |
| Body Wt.(g):      | Surgical Procedure:      |

## Drug information provided on Surgery Record Form

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| Induction:      |

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