

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Directions:</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | List all experimental agents and test substances to be administered. Provide details in the appropriate column.                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | Copy and paste additional lines as needed for additional drugs/routes.                                                                                                                                  |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |
| <b>Animal Protocol Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |
| <b>Principal Investigator:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |
| <b>Species:</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | Common Routes: IP (intraperitoneal), IV (intravenous), SC (subcutaneous), IN (intranasal), IM (intramuscular), PO (oral), IC (intracardiac), ICr (intracranial), INH (inhalation), Topical, Intraocular |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |
| <b>A. Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>B. Dose (Range)</b>      | <b>C. Maximum Volume (per dose)</b>                                                                                                                                                                     | <b>D. Route</b> | <b>If "Other" Route, Describe</b> | <b>E. Maximum Frequency and Duration</b>                                                  | <b>F. Do you expect adverse effects, pain and/or distress to result from administration? (Yes/No)*</b> | <b>G. Is this agent pharmaceutical grade? (Yes/No)</b> | <b>H. Justification for Non-pharmaceutical grade agent (if applicable)**</b>                                                                                                       |
| Drug X                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.1 - 0.2 mg/kg             | 0.1 mL/kg, drug concentration of 2 mg/mL                                                                                                                                                                | IV              |                                   | Every 6 - 12 hours as needed for duration of study                                        | No                                                                                                     | Yes                                                    | Not Applicable                                                                                                                                                                     |
| DOCA                                                                                                                                                                                                                                                                                                                                                                                                                               | 25-100 mg pellet            | N/A                                                                                                                                                                                                     | SC              |                                   | up to 21 days duration                                                                    | No                                                                                                     | No                                                     | Replication: The use of a non-pharmaceutical-grade product is required to replicate methods from previous studies because results must be directly compared to replicated studies. |
| Losartan                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.0001 to 1000 ng/kg/min    | 5 microliters                                                                                                                                                                                           | ICr             |                                   | Single injection up to daily, or intracerebroventricular (ICV) infusion for up to 28 days | No                                                                                                     | No                                                     | Unavailable: No pharmaceutical-grade human or veterinary drug is available                                                                                                         |
| Recombinant Virus                                                                                                                                                                                                                                                                                                                                                                                                                  | $1.1 \times 10^{12}$ pfu/mL | no more than 300uL                                                                                                                                                                                      | IP              |                                   | Once                                                                                      | No                                                                                                     | No                                                     | Unavailable: No pharmaceutical-grade human or veterinary drug is available                                                                                                         |
| BrdU                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.4mg/kg                    | 200ul                                                                                                                                                                                                   | IP              |                                   | up to 2 times; at least 24 hours apart                                                    | No                                                                                                     | No                                                     | Unavailable: No pharmaceutical-grade human or veterinary drug is available                                                                                                         |
| BrdU                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.8mg/kg                    | in drinking water                                                                                                                                                                                       | PO              |                                   | continuous for up to 2 weeks                                                              | No                                                                                                     | No                                                     | Unavailable: No pharmaceutical-grade human or veterinary drug is available                                                                                                         |
| LPS                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-200ug                     | 100ul                                                                                                                                                                                                   | IV              |                                   | up to 2 times; at least 24 hours apart                                                    | No                                                                                                     | No                                                     | Unavailable: No pharmaceutical-grade human or veterinary drug is available                                                                                                         |
| LPS                                                                                                                                                                                                                                                                                                                                                                                                                                | 50-200ug                    | 200ul                                                                                                                                                                                                   | IP              |                                   | up to 2 times; at least 24 hours apart                                                    | No                                                                                                     | No                                                     | Unavailable: No pharmaceutical-grade human or veterinary drug is available                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        | Not Applicable                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        | Not Applicable                                                                                                                                                                     |
| <p>*If Column F is answered "Yes," describe the administration of the agent(s) as an entry under the "Other Nonsurgical Procedures" question of the Non-Surgical Procedures section, including post-procedural monitoring, and include appropriate details of pain relief under Analgesia, if applicable.</p> <p>**If Column H is answered "Other," provide justification for the use of the non-pharmaceutical agent(s) here:</p> |                             |                                                                                                                                                                                                         |                 |                                   |                                                                                           |                                                                                                        |                                                        |                                                                                                                                                                                    |

# NOTES:

- Do not forget to address the top portion of the table (Animal Protocol Title, Principal Investigator, Species).
- List all agents administered to the animal except: anesthetics (and reversal agents), analgesics, paralytics, or supportive care (such as fluids post-operatively).
- Agents will be listed more than once, if given by more than one route.
- Be sure to note additional instructions regarding Columns F (potential adverse effects, pain and/or distress) and Column H (justification for use of a non-pharmaceutical grade agent).
- For large animal species for which there may be a wide range in the animal weight, a mL/kg unit may be more appropriate.