**Drug Administration Monitoring Sheet**

*Text in RED is guidance text only. Please complete this form with your project details and* ***delete red text*** *before submission*

**Protocol Number:** *e.g. RESP/16/001*

**Animal Identification:** *e.g. Mouse 346*

**Reason For Drug Administration:** *e.g. Surgical procedure requires analgesia*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Drug** | **Dose** | **Route** | **Time** | **Initial** | **Comments/Observations/Monitoring** |
| *29/7/16* | *Temgesic* | *0.2ml* | *IP* | *10am* | *GB* | *Drug given during procedure, recovered well* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Final Comment:** *e.g. Mouse appears well, no complications. Drug delivery ceased and animals will be monitored daily as per protocol.*

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