# PART IX – COLLECTION OF BODY FLUIDS AND TISSUES FROM LIVING ANIMALS (OTHER THAN ASCITES)

### Please provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Fluid or Tissue to be collected** | **Frequency of collection** | **Volume or Weight** | **Method and site of collection** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Will the animal be anesthetized or sedated during this procedure?

|  |  |
| --- | --- |
|  | **YES\*** |
|  | **NO\*\*** |

**\*If YES, please provide the following information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of anesthetic agent or sedative** | **Dosage** | **Route of administration** | **Total volume or flow rate of the agent and carrier** |
|  |  |  |  |
|  |  |  |  |

**\*\*If NO, provide the reason for withholding anesthesia / sedation:**

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