## Study Related Care/Information

**Cage#** _____

☐ Post-Procedure Care    ☐ Phenotype    ☐ Protocol-related condition _____

Procedure & Date:
_____    **IMPORTANT**: Any post-procedure care or observable study-related clinical signs and/or behaviors should be described in the ARC approved protocol and actions or treatments documented on this card.

| Emergency Contact: | | Emergency Phone: | | |
|---|---|---|---|---|
| **Date** | **Notes** (e.g. medications or supportive care administered per protocol) | | **Time** | **Initials** |
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## Study Related Care/Information

**Cage#_____**

| Date | Notes (e.g. medications or supportive care administered per protocol) | Time | Initials |
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