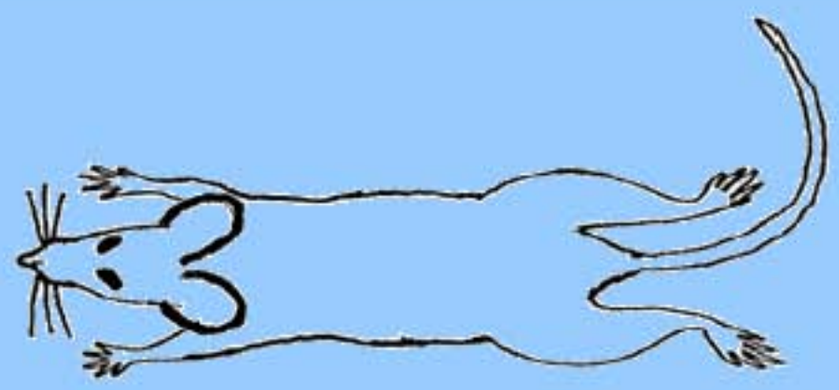
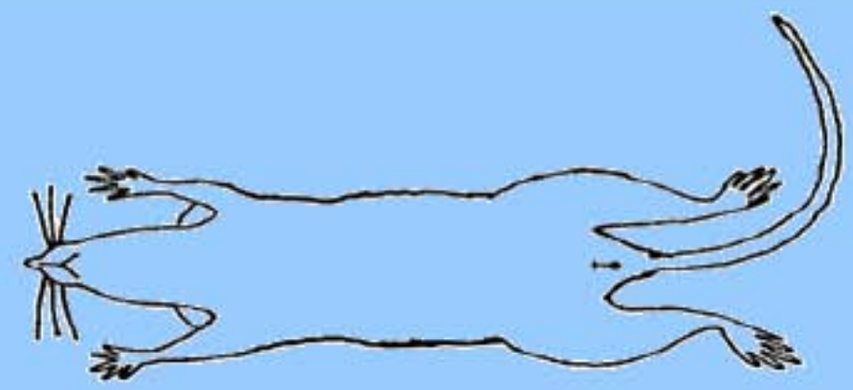
NIH/NINDS/AHCS
LABORATORY ANIMAL CLINICAL RECORD

Bldg/Room #:_____

Page #:_____

CC#/RACK	PROTOCOL#:	INSTITUTE:	TECH INITIALS:	VET:
P.I.:	P.O.C.:	SPECIES:	STRAIN:	SEX:
P.I. PHONE#:	P.O.C PHONE#:	#OF AFFECTED ANIMALS:	ID#:	AGE:





Date Separated From Cage:		Separated From CC#:
DATE & TIME	**Chief Complaint-**	
	Clinical Observations (S.O.A.P.)	**Verbal notification to PI:☐**
	Initial body weight:_____	**Email sent to P.O.C. & 1° & 2° vet:☐**