**Clinical Record Sheet**

1. **ANIMAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AEC Project # |  | Monitoring frequency |  | Weighing frequency |  |
| Cage # |  | Strain |  | Starting weight |  |
| Animal # |  | Age/DOB |  | Weight with 10% weight loss (Threshold 1) |  |
| Animal Identification System |  | Sex |  | Weight with 15% weight loss (Threshold 2) |  |

1. **MONITORING**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** |  |  |  |  |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |  |  |  |
| **Time**  |  |  |  |  |  |  |  |  |  |  |
| **Procedure** |  |  |  |  |  |  |  |  |  |  |
| **Criteria** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |
| **Prescribed AEC Intervention Criteria** |
| **Weight** |  |  |  |  |  |  |  |  |  |  |
| **Tumour size** |  |  |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |  |  |  |  |  |  |
| **OFFICE USE ONLY****AWO CHECK** |  |  |  |  |  |  |  |  |  |  |

1. **COMMENTS:**