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| **Operation Plan for procedure on laboratory animals** |
| **Division of Laboratory for Research**, **Research Institute for Health Sciences (RIHS)** |
| Walailak University, 222 Thai Buri, Tha Sala District, Nakhon Si Thammarat 80160 Tel. 0-7567-2600 |
| Certificate Number of Animal Research Ethic Approval:  |
| Project title: ………........................................................................................................................................................................... |
| Name-Surname: ......................................................................  | Contact Tel: ..................................................................... |
| Month of intervention: .......................................................... | Year: ................................................................................... |
| Date | Time(start-end) | Detail of procedure | Number of lab animals | Note |
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| **Notice:** For modification of the operation plan, please notify RIHS staff at least 1 day in advance. |
| Authorized Signature..........................................................(......................................................) |

**(For official use only)**

**RIHS-LAB-FM-03**

**Request no……………………………….**