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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……………………………….**