Instructions:

The objective of this form is to describe in a standardized way a specific procedure in animals. This allows any trained person using this form to carry out this procedure always in the same way. This protocol undergoes ethical evaluation and generates an approval certificate. The SOP can be cited in the *"Protocol for the Care and Use of Animals"* facilitating its revision, however, it does not replace its function, since all activities carried out with animals must have their ethical approval.

***\*This form should only be completed when the procedures are carried out by research teams outside the respective vivarium. The work done inside each vivarium must be guided by its own guidelines.***

**SECTION 1. ADMINISTRATIVE BACKGROUND**

|  |  |
| --- | --- |
| **Laboratory Name:** |  |
| **Academic unit:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | *Indicate the title of the procedure* | | | | | | | | | | |
| **Code assigned by CEC:** | XXXXXXXXX | | | | **SOP number:** | | | | | *Indicate the SOP number assigned by your laboratory (if applicable)* | |
| **Version:** | **1:** |  | **2:** |  | **3:** |  | **4:** |  | **5:** |  | **Other versions:** | |
| **Date of last approval by the CEC-CAA:** | *Must indicate the most recent date of approval of this SOP by the CEC-CAA* | | | | | | | | | | |

**\* It is requested to highlight in the text with yellow the changes for a second version. For later rounds, you should do this by highlighting changes in calypso for the third version and highlighting changes in green for the fourth version. Use other colors if there are more reviews.**

|  |  |
| --- | --- |
| **Academic Responsible:** | *Identify the academic responsible for this SOP.* |
| **Author(s) of the SOP:** | *Identify the name(s) of the person(s) who drafted the SOP and their position.* |

**SECTION 2. PURPOSES AND JUSTIFICATION OF THE SOP**

|  |
| --- |
| **2.1. Purpose**: All procedures have a purpose, this must be stated in this section in a summarized way. |
| … |
| **2.2. Physical place:** Indicate where the procedure will be performed (e.g: laboratory, department, faculty) |
| **…** |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3. Who is the SOP addressed to?** indicate what type of personnel the SOP is aimed | | | |
|  | Veterinarian |  | Research assistant |
|  | Technicians |  | Students |
|  | Others: *Do not indicate names of people, but roles of the personnel.* | | |

**SECTION 3. MATERIALS AND EQUIPMENT**

|  |  |
| --- | --- |
| **3.1. Materials and equipment.**  List of all the materials necessary to perform the procedure, specifying when applicable the quantity, size and other characteristics. | |
| 1 | (e.g., 5 ml syringes with 25/7” needle) |
| 2 |  |
| 3 | *… Add more rows if required* |

***\**** ***Also consider here the elements related to biosafety, personal protection, and asepsis.***

|  |  |
| --- | --- |
| **3.2. Procedure:** Describe in detail how the procedure involving live animals will be performed, listing all its stages. List animal care considerations, **including supervision guidelines if applicable**. Ideally, describe the procedure including photographs and diagrams. | |
| 1 |  |
| 2 |  |
| 3 | *… Add more rows if required* |

**SECTION 4. SAFETY ASPECTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **4.1. Indicate whether the procedures to be declared in this protocol have been previously evaluated in a safety protocol.** | | | |
|  | YES |  | NO |
| If your answer was "YES", please indicate the codes of these protocols: | | | |

**SECTION 5. REFERENCES**

|  |
| --- |
| **5.1. References:** If applicable, provide bibliographic references on which you relied to generate the SOP. |
|  |
| *… Add more rows if required* |

**SECTION 6. ANNEXES**

|  |  |
| --- | --- |
| **6.1. Annexes:** You can attach background information and previous results as annexes, or any other information you consider relevant. | |
| 1 | *e.g., intra-surgical supervision guidelines.* |
| 2 |  |
| 3 | *… Add more rows if required* |

**SECTION 7. SOP UPDATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **7.1. Table of details of updates to this POE.** The following table must be completed when requesting approval of updated versions of the SOP | | | |
| **Update number** | **Date** | **Update(s) detail(s)** | **Name of the person responsible for the update** |
|  |  |  |  |
| *… Add more rows if required.* |  |  |  |