



Animal Care Facility Form

TITLE: African Clawed Frog (*Xenopus laevis*) Water Testing Form

Document No.: 918.01.frm

Effective Date: _____

ORIGINATOR: Horatiu V. Vinerean & Rita Mukhopadhyay

APPROVED: *Jin* 10/12/12 (Attending Veterinarian)

APPROVED: *Rita Mukhopadhyay* 10/12/12 (Principal Investigator)

Summary of Changes to this Document:

Distribution:

- (1) Principal Investigator Lab
- (1) Animal Facility



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Room #: _____ Month: _____ Year: _____

* Notify supervisor if out of range

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Ammonia (NH ₃) acceptable range concentration: 0 to 0.8 ppm																																		
Nitrate (NO ₃) acceptable range concentration: 0 to 20 ppm																																		
Nitrite (NO ₂) acceptable range concentration 0 to 0.75 ppm																																		
Comments																																		
Initials																																		

Reviewed By: _____ Date: _____