



Animal Care Facility Form

TITLE: Controlled Substance – Ketamine/Xylazine/Acepromazine/0.9% NaCl

Document No.: 906.01.frm

Effective Date: 10/12/2012

ORIGINATOR: Horatiu V. Vinerean

APPROVED: [Signature] (Attending Veterinarian)

Summary of Changes to this Document:

Distribution:

(1) Animal Facility

Animal Care Facility Form
Page 2 of 2
TITLE: Controlled Substance – Ketamine/Xylazine/Acepromazine/0.9% NaCl
Document No.: 906.01.frm
Effective Date: 10/12/12
Mix: 1 ml Ketamine (100mg/ml)
 0.5 ml Xylazine (20 mg/ml)
 0.3 ml Acepromazine (10 mg/ml)
 8.2 ml Saline (0.9%)

Inject IP: 0.1 to 0.125 ml/10g body weight (Mice)

Vial number: KX - _____ Lot and vial #: Ketamine: _____ Exp. Date: _____
 Date Prepared / Initial: _____ Xylazine: _____ Exp. Date: _____
 Exp. 30 days post: _____ Acepromazine: _____ Exp. Date: _____
 Saline 0.9%: _____ Exp. Date: _____

Date	Init	Audit date / Init	ID *	Species / Breed	Dosage per animal	Approx. Amt. used	Amount Remaining	Procedure / Comments

Vial number: KX - _____ Lot and vial #: Ketamine: _____ Exp. Date: _____
 Date Prepared / Initial: _____ Xylazine: _____ Exp. Date: _____
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Date	Init	Audit date / Init	ID *	Species / Breed	Dosage per animal	Approx. Amt. used	Amount Remaining	Procedure / Comments

All volumes in ml (cc) unless otherwise noted.

ID* not inclusive to mice. Enter quantity of mice.

Reviewed by: _____ Date: _____

