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UW Internal Mail: Box 355502

Prepared for release on:
Monday, February 12, 2001

Karen E. Frank


Dear Ms. Frank:

The following is provided in response to public records request #01-8121 in which you request photocopies of documents regarding two monkeys, J90153M and J92476-M.

The enclosed invoice is submitted to you in accordance with RCW 42.17.300.

This concludes the University of Washington's response to your request as provided by the Public Disclosure Laws of Washington State.

Sincerely,



E. A. Saunders
Director

Office Number: (206) 543-9180
Email: pubrec@u.washington.edu

EAS/jr 

CLINICAL TREATMENT DATA SHEET

Animal # 592476 Ear Tag # 67-29 Start Date: 12/7/94
 Investigator: MORTON Room: 567-9
 Diagnosis/Major problem list: CHRONIC RECTAL PROLAPSE

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

Pursuing suture in anus
Prophylactic Penicillin

Date: 12/7/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. BAE, good Appetite

- O. Anal prolapses rectum when stressed. Reduces spontaneously. No sign of traumatic injury or infection.
 A. Anal sphincter muscle is stitched allowing rectum to prolapse.
 P. Pursuing suture in anus. (2-0 Nylon). Remove on Dec. 12. Monitor stool production.
 150,000 units Penicillin Bq. 14 (single dose)

Date: 12/8/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. Very stressed when being observed to the point that it vomits.

- O. Suture intact. Very small pieces of feces escape. Animal may be having trouble defecating.
 A. chronic rectal prolapse corrected w/ pursuing suture.
 P. If animal isn't passing reasonable amounts of stool on 12/9 - re-do suture.

Date: 12/9/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. BAE

- O. Passing stools. Suture intact
 A. Chronic rectal prolapse
 P. Observe stool production. Leave suture in until 12/12/94. Remove it earlier if the animal is having problems passing stool.

CLINICAL TREATMENT DATA SHEET *

Animal # J92476 Ear Tag # _____ Start Date: 9/1/94
 Investigator: MORTON 67-31 Room: 501-38 29
 Diagnosis/Major problem list: LEFT ARM CAUGHT IN CAGE

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

OBSERVATION

Date: 9/1/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: LEFT ARM CAUGHT ABOVE ELBOW. SEDATED w/ KETAMIN
 AND WIRE BARS cut to RELEASE ANIMAL. MODERATE EDEMA
 OF FOREARM. DOESN'T REQUIRE PRESSURE BANDAGE.
 MILD ABRASIONS OF UPPER ARM. NO FRACTURES.
 OBSERVE FOR NEXT 24 HRS.

Dg

Date: / / Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

Date: / / Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

1B113 #27 → 1 on 08/11/98

Daily Record

Animal #: 592476 Page 8
Start Date: 6/20/98

Date	BM	Urine	App	Weight	S.O.A.P.	Time
08/04/98	N				Empty TX bowl. Normal sized feces Purse string suture intact. Normal mannersisms. J.B.	
08/05/98	N				No rectal prolapse. Empty TX bowl. N/C of 08/04/98. J.B.	
08/06/98	N				No prolapse; empty TX bowl. J.B.	
08/07/98	N				No prolapse, Empty TX bowls; normal mannersisms but Bill feels very thin over hips & back although eating well. On Sept 8 through 21/4/98 - to be rev for weight, removal of purse string. J.H.	
8/8/98	N				BAR, NAF, cont septal DC	
8/9/98	N				BAR, NAF, cont septal DC	
08/10/98	N				Empty TX bowls. & intact purse string. NK behavior.	
08/11/98	N				Patient relocated to cage #9 from #24 today per research staff to help decrease outside social stressors & offer slightly new environment. Patient alert, appears much more uneasy in new environment & lot of movement in cage. Purse string loose but intact. J.B.	J.B.
08/12/98	N				Purse string intact. Normal behavior. Much more content today in new cage location.	
08/13/98	N				Intact purse string; empty TX bowls. Patient stable in cage & normal behavior.	J.B.
08/14/98	N				Will rev weight & remove purse string next week. Intact purse string, empty TX bowl. N/C in behavior. NAF. J.B.	J.B.
8/15/98	-				BAR, new bedding, no stool noted DC	
8/16/98	N				BAR, NAF, playful, opened cage to get tx bowl & he decided to start helping himself around me to get out of the cage. DC	
08/17/98	N				Purse string visible but grossly distended Great attitude & normal mannersisms	
08/18/98	N				Intact purse string. NAF. J.B.	
08/19/98	N				N/C. Very friendly. J.B. Remove purse string scheduled for 08/20/98. J.B.	

Daily Record

Animal #:

J92476

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Start Date:

6/20/98

Date	BM	Urine	App	Weight	S.O.A.P.	Time
6/26/98	N			* 7.5 kg	~1/2" prolapsed rectal mucosa noted c. slt hyperemia but no evidence of trauma. Gave 40mg Ketoprofen IM. J.G. Rx: Ketoprofen, 40mg IM, BID x 3d. (6/26-6/28/98) (J.G.)	
6/27/98	N				BAR ~1/2" prolapsed rectal mucosa noted gave. Mucosa retracted in AM on own. J.G.	
6/28/98	N				BAR, NAF, cont ketoprofen &c	
6/29/98	N				No signs rectal prolapse. Patient pacing in cage & approached for grooming. J.G.	
6/30/98	N				Small rectal prolapse. Normal consistency & volume of stools. Concerned about recurrence of prolapse in face of ketoprofen to decrease cellulitis. J.G.	
7/1/98	N			* 7.5 kg	Noted rectal prolapse on rounds ~ 3pm. (30 min) Prolapse protruding ~ 1", appears intact mucosa. No abrasions. Normal volume & consistency of stools. Plan: Anesthetized @ 4:45 pm @ 50mg Ketamine & 0.1mg atropine, IM for workup. on PE: normal abdominal palpation & auscultation. No regional lymphadenopathy. Normal hydration. Pink oral mucosa & CRT < 2 sec. Noted bradycardia. T = 100.0°F, HR = 105, RR = 30 Gave 125mg Vit C, SQ Gave 50mg Vit B Complex, 500mcg Vit B12, IM Sargated prolapsed mucosa. c. diluted Nolvasan soln. & removed small fibrinous material & reinserted reduced. Normal sphincter tone. Placed Purse-string using 3-0 Dermidom Rx: 40mg Ketoprofen, IM, BID x 3d. (J.G.) Monitor daily for recurrence prolapse & notify DVM Remove Purse-string in 7 days. J.G.	

* 6/20	600 P.M. Sedated with .6 Ketamine prolapse. Went back in after clean & lub. Rectal prolapse of about 1/2 - 3/4" sticking out. flushed & cleaned w/ Sodium Chloride Solution. Lubed & Placed back in. Watch for recurrence & Diarrhea next 24-48 hrs.	Ph/BC	60min
* 6/21/98	Noted re-prolapsed this AM. Called Doctor on call. Decided to put in 'purse string'. To start on inj. Ketofen 3.5mg BID IM. Sedated at 10am w/ 60mg Ketamine & 30mg Atropine. 1/2 - 3/4" colon sticking back out. Flushed & cleaned w/ Na Cl. Lubed & pushed back in. Placed 3-0 Dermalon Suture within Anus. Remove Suture in 1-3 days. DC		60min
6/22/98	normal stool production/volume, purse string intact in rectal mucocutaneous junction. Patient seems irritated & irritates & self-examines rectum frequently on observation. Noted small amount rectal mucosa protruding. Patient interested in grooming but also paces in cage frequently. J. H.		
* 6/23/98	Stools normal. Patient presented @ cage front for grooming. Slight rectal prolapse of healthy rectal mucosa protruding. Patient appears to have removed purse-string. Will update PE 6/24 after observation on status. J. H.		
* 6/24/98	No time for work-up today. ~1/2" protrusion rectal mucosa persists w/ stools. J. H.		
6/25/98	Rectal prolapse not evident today but patient still self-examining. normal stools. J. H.		

Daily Record

Animal #:

J92476 Page 7

Start Date:

06/20/98

Date	BM	Urine	App	Weight	S.O.A.P.	Time
07/31/98	N			18.0kg	Normal mannastrisms. Noted new rectal prolapse ~ 1/2" on observations. * Anesthetized @ 3:00 pm & 80mg Ketamine + 0.2mg Atropine, IM, gave 50mg Ketamine, IM, as Supplement. Gave 250mg Vit C, SQ Gave 100mg Vit B Complex, IM Gave 1000mg Vit B12, IM Gave 300,000 IU Benz-Pen G, IM Gave 80mg Ketoprofen, IM T = 100.6°F, #R = 47, RR = 33 ① Noted skin erythema of anterior elbows, caudal abdomen & medial thighs. Applied Analoz Cream topically. ② nice weight gain from 7/10 @ 17.14kg. ③ Rectal prolapse 2 work-up - normal hydration & stools - after sedation, patient picked prolapse back. - lacerated area & diluted Nolvasan soln., applied K-Y jelly liberally, palpated rectally - no enlarged loops bow - using 3-0 Dermylon, applied loose purse-string suture pattern - suspect colitis from recurrent prolapses & self-picking. E. coli (35) of 7/10/98 fecal CtS. Plan: will try Septra® Rx regimen to clear E. coli if suspect enteropathogenic Gram. ④ Moderate dental tartar → performed complete dental prophylaxis & hand scaling, paste, Nolvasin & Fluoride Gel. Plan: 1) Monitor closely for recurrence prolapse 2) Septra Rx regimen - 32mg TMP, PO, BID x 14d.	
8/1/98	N				BAR, NAF w/ septrin DC	
8/2/98	N				BAR, NAF w/ septrin DC	
08/03/98						

Daily Record

Animal #:

J92476

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Start Date:

06/20/98

Date	BM	Urine	App	Weight	S.O.A.P.	Time
07/15/98	LM				Majority of stools are L/M & some soft Purse string intact. Last day of tetrapropanolol	
07/16/98	N				Shant (formed stools today, patient starting to undo knot of purse-string (texture). J.G.	
07/17/98	N				Cannot see purse string suture knot, so not sure if patient has removed it. No signs rectal prolapse & N/C in behavior. J.G.	
7/18/98	N				BAR, NAF PC	
7/19/98	N				BAR, NAF PC	
7/20/98	N				No rectal prolapse. Still unsure of status of purse string suture as no knot noticeable.	
07/21/98	N				no rectal prolapse. See suture material still forming purse-string. Normal mannerisms. J.G.	
07/22/98	N				Purse string loose but still intact. Normal mannerisms & no rectal prolapse.	
07/23/98	N				No sign of rectal prolapse. Suture still intact & patient has normal mannerisms. J.G.	
07/24/98	N				No signs rectal prolapse; normal mannerisms. Purse-string suture in place & no complications to defecation since 7/10/98. Will try removal on 7/27/98 & discuss relocation to quieter room again & research team. J.G.	
7/25/98	N				DRAR, NAF, eating well, playful X	
7/26/98	N				BAR NAF X	
07/27/98	N				No signs rectal prolapse. Did not remove purse string yet. N/C in active behavior/mannerisms. J.G.	
07/28/98	N				normal-sized feces, purse string suture gone No signs rectal prolapse. Normal friendly mannerisms. J.G.	
07/29/98	N				No prolapse. Normal mannerisms. pink pigmentation to face. J.G.	
07/30/98	N				No rectal prolapse. Normal mannerisms J.G.	

Daily Record

Animal #:

J92476

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Start Date:

06/20/98

Date	BM	Urine	App	Weight	S.O.A.P.	Time
07/11/98	N				BAR, NAF cost ketorolac AC	
7/12/98	N				BAR, NAF cost ketorolac AC	
7/13/98	N				Purse string intact + no signs of rectal prolapse. Normal behavior for this patient presents. J. H.	
07/14/98	N				Purse string still intact + normal behavior. No prolapse. Evaluation of bloodwork from 7/10/98 ⇒ serum chemistry - Na 139 ↑ ALP 569 - K 4.0 ↑ ALT 149 - Cl 103 ↑ AST 46 ↓ Gluc 33 (artificial) ↑ GGT 91 ↑ BUN 30 (alt. azotemia) - Cr 0.7 - TP 6.9 - ALB 4.3 - Ca 9.8 - Phos. 4.1 - Chol 112 ⇒ CBC - WBC (9.5), Neutros (65), Lymphs (2.46) - monos (0.33), Eos. (0.14), Basos (0.03) ↓ HGB (11.2) ↓ PCV (37) > Borderline low values - MCV (71) MCHC (30.4) - PLT (443) Essentially, alt. azotemia; elevated liver enzymes + borderline anemia. J. H. Discussion C. Schmidt re: rectal mucosal bx's - she wants Results of fecal CTS of 07/10/98 3+ E. coli 3+ Staph aureus 4+ Streptococcus Email to Schmidt. J. H.	15 min J. H.

Daily Record

Animal #: J92474

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Start Date: 7/2/98

B113 #24 (R)

Date	BM	Urine	App	Weight	S.O.A.P.	Time
7/2/98	N				Normal stool, animal somewhat depressed, but appetite seems fine. JS	
7/3/98	N				animal alert; good appetite. & normal stool. Ref	
7/4/98	—				RAR, no stool noted in AM, eating cat ketoprofen, AC	
7/5/98	N				B RAR, sedated w/ 0.7cc ketamine IM, 0.3cc Atropine IM. Removed purse string. No swelling evident. AC	30min
7/6/98					Animal alert good appetite, passed stool	
7/7/98	N				Normal volume/consistency of stools. Normal behavior, no signs of rectal prolapse. Purse string suture removed on 5th day. J.S.	
07/08/98	N+S				No rectal prolapse. Normal behavior. Noted increased pink pigmentation to skin of face. J.S.	
07/09/98	N				* Rectal prolapse ~1/2" noted. Stools continue to be stable. Mucosa appears clean & no signs proctitis. No redness to face. J.S.	
07/10/98	N				* Rectal prolapse ~1" noted. Anesthetized @ 11:45 am @ 70mg Ketamine + 0.12mg Atropine, IM for work-up. Drew 3cc blood for CBC, Serum Chemistry. Collected direct fecal swab for C+S. Gave 40mg Ketoprofen, IM. Gave 25mg Vit C, SQ; 50mg Vit B Complex, IM + 500mcg Vit B12, IM. Cleaned, lavaged rectal mucosa w/ saline solution & placed purse-string suture. Mucosa appears healthy & no abrasions/necrosis. Plan:	45min
					1) Extended Ketoprofen, 40mg, IM, BID x 5d (7/10-7/15)	
					1st log. @ exam	
					2) Monitor for cases of defecation/deliscence	
					3) Consider mucosal biopsies	
					4) Await lab results. JS	

Daily Record

Animal #:

J92476

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Start Date:

06/20/98

Date	BM	Urine	App	Weight	S.O.A.P.	Time
08/20/98	N				N/C mannerisms; purse-string intact but not loose like it has been. Plan for re-evaluation 8/21. Septa Rx regimen ended 8/14/98. J.G.	
08/21/98	N				No time today for re-exam. Purse-string suture not visible - suspect patient has taken it out. N/C mannerisms. - Monitor closely for re-prolapse. J.G. - Reassess early next week. J.G.	
08/22/98	N					
08/23/98	N					
08/24/98	N				no suture ends visible, but tension @ anal sphincter. N/C behavior. J.G.	
08/25/98	N				no purse string visible. N/C behavior. J.G.	
08/26/98	N				N/C except uneasy in behavior & neighboring animals	
08/27/98	N			8.29 kg	Aggressive movements towards neighboring male # J94233 in cage # 7. No signs of prolapse. Anesthetized @ 4:00 pm @ 60 mg Ketamine + 0.12 mg Atropine, IM to reassess rectal tissue & ensure purse-string gone. • Nice weight gain. • Normal abdominal palpation • No signs suture material & rectal mucosa not inflamed • T = 99.5°F, HR = 168, RR = 42 NAF. Case closed. J.G.	Cage # J.G.

u
F.G.

MN, ♂, 3/10 (3.81 kg), 52ml blood drawn 4/13 per AS
 4/13 (8.96 kg)

CLINICAL TREATMENT DATA SHEET

Investigator HU Project #: 0108

ANIMAL # J92476 EARTAG#

Room, Cage #: W113#9

Start Date: 04/15/99 END 5/14/99

Presenting problem(s)/History: Rectal Prolapse

Hx: Rectal prolapse: 12/1/94, 12/2/94, 6/30-8/27/98.

Hx: Inoculation HIV-2/28/97 - IV

Physical Examination: Weight: 9.27 kg Temp: HR 159 RespR 33

- Anesthetized @ 12:30pm & 120mg Ketamine per Vet Tech for rectal prolapse noted ~ 1 hour previous.
- Give 1cc each Vit B12 IM, B complex IM, Vit C, SQ.
- Prolapsed mucosa ~ 2 1/2 cm, fresh, no trauma, little inflammation
- Normal hydration, color, mucosa
- Well-muscled / nice coat / normal stools
- Moderate dental tartar
- Dermatitis - ventral abdomen - erythema / moist
- Small wart (papillomavirus?) left femoral region

Differential Diagnosis/Rule-out List:

Prolapse - stress-induced (blood draw 4/13)
Moist Dermatitis - HIV-2
- Staph/Strep
52ml

Diagnostic Tests:

Date	Test	Result Summary	Read	Dr.	Recheck/Followup
04/13/99	CBC (research)	RBC panel - WNL	✓	WBC (6400)	
04/16/99	CBC / Chemistry	Slt. anemia panel, WBC			15.9T, ↑TNE (11.76), Alt ↑BUN (28), ↑ALP, ALT, AST, GGT

Plan (Treatments)

Start Date	End Date	Dose	Drug	Route	Freq	Comments
04/15/99	04/15/99	1cc	Benz-Pen G	IM	SID	300,000 IU (EOP if continued)
04/15/99	04/15/99	45mg	Ketoprofen	IM	SID	@ PE, then PO Dim pm (5025m)
04/16/99	04/16/99	50.25mg	Ketoprofen	PO	BID	~ 3/4 capsule
04/16/99	04/22/99	250mg	Cephalexin	PO	BID	Dermatitis

Plan (Action)

1) Manual PE, cleaned prolapse gently & diluted Nolvasan soln.

2) Manual reduction of prolapse using KY jelly

Done 4/20

Diagnosis:

3) Needs dental prophylaxis & bone discharge

4) Monitor for recurrence rectal prolapse

Followup Plan:

5) Re: Dermatitis - cleaned & Nolvasan soln. & applied Nolvasan oint, topically. Treat (PRN)

Rectal prolapse 4/15 → purse string suture 4/16 @ end prolapse 7.4.
 Discharged 5/14/99 7.4.

04/19/1999
05:53

UNIVERSITY OF WASHINGTON MEDICAL TER
UNIVERSITY OF WASHINGTON HOSPITALS
CAP 24637-01, 24637-16, 24637-19, 24637-29, 24637-30, 24637-35

CUMULATIVE SUMMARY
PAGE 1

Name: PAT, J92476
Pt #: RTS-9302
Acct: 5550052

W113K9
mn ♂

Age: 7Y
Sex: M
Loc: RTS

F23459 COLL: 04/16/1999 11:30 REC: 04/16/1999 14:42

Auto Multichannel Tests (93)

Sodium	143	[136-145]	mEq/L
Potassium	3.9	[3.7-5.2]	mEq/L
— Chloride	* 109	[98-108]	mEq/L
Glucose	62	[62-125]	mg/dL
↗ Urea Nitrogen	* 28	[8-21]	mg/dL
Creatinine	0.9	[0.3-1.2]	mg/dL
Protein (Total)	6.7	[6.0-8.2]	g/dL
— Albumin	* 3.2	[3.5-5.2]	g/dL
Bilirubin (Total)	0.3	[0.1-1.0]	mg/dL
Calcium	9.8	[8.9-10.2]	mg/dL
Phosphate	5.2	[4.5-6.0]	mg/dL
Cholesterol (Total)	113	[<200]	mg/dL

Desirable: <200 mg/dL

Borderline: 200-239 mg/dL

High: >239 mg/dL

↑ Alkaline Phosphatase (Total)	* 728	[115-324]	U/L
↑ Alanine Aminotransferase (GPT)	* 132	[12-79]	U/L
↑ Aspartate Aminotransferase (GOT)	* 120	[10-44]	U/L
↑ Gamma Glutamyl Transferase	* 85	[0-65]	U/L

Note new reference range effective Feb 25, 1999.

CBC, Diff 2, Platelet

↕ WBC	* 15.9	[4.5-13.5]	THOU/uL
↕ RBC	5.01	[4.00-5.20]	mil/uL
↕ Hemoglobin	* 10.7	[11.5-15.5]	g/dL
↕ Hematocrit	35	[35-45]	%
— MCV	* 70	[77-95]	fL
MCH	* 21.4	[25.0-33.0]	pg
MCHC	* 30.3	[32.3-35.7]	g/dL
— Platelet Count	407	[200-450]	THOU/uL
Nucleated RBC	0.16		THOU/uL
↑ Neutrophils 74	* 11.76	[1.50-7.50]	THOU/uL
Lymphocytes 23	3.66	[1.50-5.00]	THOU/uL
Monocytes 1	0.16	[0-0.80]	THOU/uL
Eosinophils 2	0.32	[0-0.50]	THOU/uL

04/21/99 set anemic panel

ENTERED
15-21 TR

END OF REPORT

PAT, J92476
RTS-9302

PAGE 1
FINAL REPORT
04/19/1999

Date	BM	Urine	App	Weight	S.O.A.P.	Time
04/16/99	N			9.48 kg	Noted rectal prolapse (fresh) on observations. ~2 1/2 cm (same as yesterday) Anesthetized @ 11:25 AM w/ 90mg Ketamine + 0.2mg Atropine IV. Have 45mg Ketoprofen, IM HR=195, RR=48 Drew 3cc blood @ femoral v. for CBC/chemistry (1). Cleaned perineum w/ diluted Nolvasen soln. + 0.9% NaCl. Lavage & gently cleaned prolapse. Lubricant (K-Y) topically + manual reduction Purse string suture pattern - injected 1cc of 1% lidocaine @ mucocutaneous (rectal block) - #3-0 vicryl s knot @ 2 pm (2). Ventral abdominal rash (apparently irritated) - clipped, Nolvasen scrub, Nolvasen soln., Nolvasen oint. top. Plan 1) Monitor daily for recurrence rectal prolapse & recurrence & notify VM 2) Document condition abdominal rash & treat (as above) PRN 3) notified as mid of work-up. (J.B.)	
4/17/99	N				Normal Activity (LF)	
4/18/99	N				Normal Activity (LF)	
4/19/99	N				N/N & F doing fine & good	
4/20/99	N				N/N & F looking good & C	
04/20/99	N			8.71 kg	Fasted weight (significant loss cf. 4/16) Routine preventive health care work in w/13. Re-rectal prolapse/purse string suture condition - T=100.7°F, gave 1cc each Vit B12, Vit B complex, Vit C. - normal regional LN's. Cleaned perineum w/ Nolvasen soln. Suture intact + no signs prolapse. Slight erythema to abdominal skin - Cleaned w/ Nolvasen soln., ointment - Moderate tartar - gave complete dental prophylaxis.	

Daily Record

Animal #:

J92476 Page 3

Start Date:

04/15/99

Date	BM	Urine	App	Weight	S.O.A.P.	Time
4/21/99	N				Purse string suture intact. Empty TX bowl. Abdominal rash evident today - more erythema cf. 4/20. <u>plan</u> - remove purse-string 4/26 or 4/27 + monitor closely. - if recurrence prolapse do fecal DX's	
4/22/99	N				N/N A/T seems to be doing fine x/c	
4/23/99	N				N/N A/T extra TX MC	
4/24/99	N				Normal, Active (EF)	
4/25/99	N				Normal, Active (EF)	
4/26/99	N/A				N/N A/T doing fine x/c	
4/27/99	N/A				N/A N A/T doing ok MC <u>plan</u> - stools fluctuating, no removal of purse string planned currently. - Collect feces for Fecal O/P/Direct smear if inconsistent stools persist + notify SVM - Continue to monitor for abdominal rash.	
4/28/99	N				N/N rash on belly starting to come back x/c	
4/29/99	N				N/N rash better Deep ex on MC	
4/30/99	N				N/N A/T rash on belly almost gone x/c	
5-1-99	N				Normal Activity (EF)	
5-2-99	N				Normal Activity (EF)	
5/3/99	N				N/N A/T rash on belly almost gone MC	
5/4/99	N				N/N A/T doing fine x/c	
5/5/99	N				N/N A/T look ok x/c	
5/6/99	N				N/N A/T looks fine x/c	
5/7/99	N				N/N A/T purse string still intact x/c	
5/8/99	N				Normal Activity (EF)	
5/9/99	N				Normal Activity (EF)	
5/10/99	N				N/N A/T belly a little pink put triple oint on site also took out purse string x/c	
5/11/99	N				N/N A/T doing fine x/c	
5/12/99	N				N/N A/T looks good x/c	
5/13/99	N				N/N A/T doing fine x/c D-C	

[illegible]

UW RPRC REV. 10/97 LDR

W 115 #21
J92476

DATE 7/4/00

DAILY MEDICAL RECORD

Animal #	Location	Weight	Observations and Treatments	By Whom (Initials)
J92476	W 115 #21	12.5 kg	S: Blood present in cage, mainly on the floor of cage. Minor trauma to (4) hand 3 rd digit; tip of digit has skin (small area) missing. No bleeding presently. O: Temp: 99.6, HR: 186, RR: 48 Ketamine 140mg + Atropine 0.2mg combo IM. Add Ketamine 50mg IM. Benz-Pen G 1.25 cc IM. Vitamin B ₁₂ + B complex 1cc of each IM. Vitamin C 1 cc SQ. Ketoprofen 75mg po BID 1X 1X A: trauma cause by neighboring animal P: Clean wound w/ nolvasan sol. Applied small amount of nolvasan crea. RX: Benz-Pen G 1.25cc IM 7/4-7/8 EOD Ketoprofen 75mg po BID 7/4-7/8. (1) Monitor trauma digit for bleeding, swelling, discharges. (2) Continue tx. (3) Monitor appetite/activity level.	

COMPUTERIZED _____

PLEASE RETURN COMPLETED FORM TO ROOM 1-092

UWRPRC REV. 10/97 LDR

W115 #21

J92476

- 7/5/00 N. stool, BAR, digit healing. Vomited O/N. OA
- 7/6/00 N. stool, BAR, digit looks great. D/C tx.
But continue to monitor digit. OA.
- 7/7/00 N. stool, BAR, looking fine. OA.
- 7/8/00 N. stool, BAR, digit scabbing/looking good. OA
D/C.

WaPPRC SURGERY AND ANESTHESIA DATA SHEET

Date: <u>Aug 25, 00</u>		Animal #: <u>J92476</u> ✓
Investigator: <u>Colony</u>		Species: <u>M. domestica</u>
Procedure: <u>Vital Pulpotomy</u>		Sex: <u>M</u>
Surgeon(s): <u>Brown</u>	Chargeable time (hrs)	Weight: <u>12.6 kg</u> ✓
Project #: <u>- -</u>		Location: <u>W115-17</u>
ACC #: <u>- -</u>		Time of Sx: <u>10:00</u>

Pre-Anesthetic Drugs

Drug	Dose(mg)	Route	Time
<u>Ketamine</u>	<u>150mg</u>	<u>IM</u>	<u>9:55</u>
<u>Atropine</u>	<u>6mg</u>	<u>IM</u>	<u>9:55</u>

Peri-Operative Antibiotics

Drug	Dose(mg)	Route
<u>Cefazolin</u>	<u>325mg</u>	<u>IM</u>

General Anesthesia

Anesthetic: 2-Isosulfurane 3-N2O 5-Other _____
 6-Sevoflurane 7-Propofol 8-Fentanyl
 Anesthesia: Start- 10:00 End- 10:40
 Surgery: Start- 10:05 End- 10:40

Administered: 1-Mask 2-Trach Tube 70 mm
 Ventilation: 1-Assisted 2-Non assisted
 O₂ Flow Rate: 2.5 l/min
 Position of Animal: Supine

Analgesics

Analgesic	Dose(mg)	Route	Date	Time
<u>Ketorolac</u>	<u>65mg</u>	<u>IM</u>	<u>8-25-00</u>	<u>10:40</u>

Fluids Administered:

1-Saline 4-Lactated Ringers 5-D5W Route: IV Catheter Other _____
 Total Volume Admin: _____(ml) Urine Output: _____(ml)

Procedure Information

The following information should be filled out by the Surgeon or Research Affiliate

Procedure performed: Vital Pulpotomy to upper/lower canines Teeth
Composite/Catalyst used for filling

Complications: _____

Permanent Physical Alterations to Animal: Canine Swelling

Total Blood Lost/Drawn: _____ Experimental Drugs/Isotopes Admin: _____

Fetus Taken: yes no Fetus number: _____ Sex: M F Fetus weight: _____

Type of Procedure: 1-Major 2-Minor 5-Clinical 6-Experimental 7-Other _____

Additional Comments: Soft food x 24h

Surgeon/Research Affiliate Signature: [Signature]

DAILY MEDICAL RECORD

Post	Animal No.	Location	Weight	Observations and Treatments
	1005		3.83 ✓	Inoculated w/ H1N2-2/287 cell-free virus 1V (25 TCID ₅₀)
	102476		4.54 ✓	
			3.38 ✓	
			4.04 ✓	
			3.80 ✓	
			3.81 ✓	
			3.77 ✓	
			3.70 ✓	
			3.61 ✓	
			3.64 ✓	
			3.46 ✓	
			4.94 ✓	

ALL POSTED

22
of

DATE

3/27/95

DAILY MEDICAL RECORD

Post	Animal No.	Location	Weight	Observations and Treatments
	T924712			Remove injection tubes + tether. Oral drug administration.
				X (15)

ALL POSTED

DATE

[illegible]

ALL POSTED

DATE 3/20/95

Date: 12/10/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S: BAR
O: passing normal stool. suture intact
A: Stable
P: plan to leave suture in til 12/12
no other Rx at this time

Date: 2/11/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S: BAIL
O: passing small amts normal stool - suture intact
P: as above. continue

Date: 12/12/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. BAR — pain just cleared. Lots of stool retracted in pan prior to cleaning.
O. ~~NO stool in pan~~. Small amt. of dried feces on anus.
A. Suture may be too tight and preventing normal passing of feces.
KENTING SEDATION Removed suture. Anus is REDDENSED AND IRRITATED.
P. LEAVE SUTURE OUT. If animal prolapses rectum — RE-SUTURE or consider intra-abdominal imbrication.

Date: 12/13/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. BAR
O. normal stools. No rectal prolapse.
A. Sphincter muscle appears to be holding. No need to replace suture.
P. Observe next 3 days for sign of recurring rectal prolapse.

CLINICAL TREATMENT DATA SHEET

Animal # J92476 Ear Tag # _____ Start Date: 1 / 1

Investigator: _____ Room: _____

Diagnosis/Major problem list: _____

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

Date: 12/14/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

S. BAR

O. NO RECTAL prolapse. Normal stools.

A. > CONTINUE OBSERVATION ONE MORE DAY. IF NO

P. RECURRANCE OF prolapse - RESOLVE CASE.

De

Date: 12/14/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

S. BAR

O. stools normal. NO RECTAL prolapse

A. No further need to observe.

P. Resolve Case.

De

Date: 1 / 1 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

CLINICAL TREATMENT DATA SHEET

Animal # J92476 Ear Tag # _____ Start Date: 12/21/94
 Investigator: MORTON Room: 565-9^a
 Diagnosis/Major problem list: CHRONIC RECTAL PROLAPSE

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

Re-place suture in ANUS

Date: 12/21/94 Weight: _____ Treatments given: ☐ am ☒ pm

Comments: S. BAR

- O. ~1" of RECTUM prolapsed from ANUS. No sign of trauma to tissues.
 A. Animal was treated for CHRONIC RECTAL PROLAPSE 12/7 - 12/14. Pursestring suture placed in ANUS for 6 DAYS.
 KETAMINE SEDATION. Replaced suture (2-0 Nylon).
 P. OBSERVE BID to make sure ANIMAL is passing stools. Keep suture in for 10 DAYS.

Date: 12/22/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

Animal is active, alert, no prolapse - normal amounts of normal/soft stool

Date: 12/23/94 Weight: _____ Treatments given: ☒ am ☐ pm

Comments:

Animal is doing well, active, suture seems to be holding well - normal stool

Date: 12/24/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S: BAK

O: normal stool - holding

A: holding, hasn't relapsed. Able to defecate

P: watch, keep suture in as planned

WJD

Date: 12/25/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S: BAK

O: defecating small amts thru suture

A: holding - hasn't relapsed

P: cont observation

WJD

Date: 12/26/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: SBAR

O: defecating thru suture

A: still holding

P: cont. observation, NO RX
at this time

WJD

Date: 12/27/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S: BAR

O: NORMAL DEFECATION

A: preserving suture in anus

P: REMOVE suture on 12/30/94

WJD

CLINICAL TREATMENT DATA SHEET

Animal # J92476 Ear Tag # _____ Start Date: 12/28/94
Investigator: Morton Room: 565
Diagnosis/Major problem list: Chronic rectal prolapse

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

Date: 12/28/94 Weight: _____ Treatments given: ☒ am ☒ pm

Comments:

Animal is very active, alert
Normal stool
Eating well

Date: 12/29/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

Normal stool
Active, alert
Purse-string suture to come out on Tuesday.

Date: 12/30/94 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

Active
Normal stool

Date: 12/3/94

Weight: _____

Treatments given:

☐

am

☐

pm

Comments:

S: BAR

O: small amt small feces
suture still in place

A: ~~no~~ prolapse has not recurred

P: monitor. Leave suture in til
Tues

Date: 1/1/95

Weight: _____

Treatments given:

☐

am

☐

pm

Comments:

S: BAR

O: amt of stool in pan comparable
to surrounding animals.

A: stable

P: monitor suture removal Tues

Date: 1/2/95

Weight: _____

Treatments given:

☐

am

☐

pm

Comments:

S: BAR

O: stool normal - approx normal amount
suture intact

A: as above no changes continue

Date: 1/3/95

Weight: _____

Treatments given:

☒

am

☐

pm

Comments:

S: BAR

O: normal stools. suture intact.

A: ketamine sedation. removed suture from anus.
no sign of infection. normal sphincter control.

P: observe for rectal prolapse through 1/6/95.

CLINICAL TREATMENT DATA SHEET

Animal # J92476 Ear Tag # _____ Start Date: 1 1

Investigator: MORTON Room: 565

Diagnosis/Major problem list: CHRONIC RECTAL PROLAPSE

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

Date: 1/14/95 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. BAR
O. NO RECTAL PROLAPSE. Normal stools.
A. CONDITION - NORMAL
P. observe through 1-6-95

Doc

Date: 1/15/95 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. BAR
O. NO RECTAL PROLAPSE
A. CONDITION - NORMAL
P. observe 1/6/95. IF NO further prolapse episodes - resolve case.

Doc

Date: 1/16/95 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: S. Bar
O. NO RECTAL PROLAPSE
A > condition normal. resolve case.
P >

Doc

CLINICAL TREATMENT DATA SHEET

Animal # J92476 Ear Tag # _____ Start Date: 1/17/95
Investigator: Morton Room: 565
Diagnosis/Major problem list: Dehydration - caused by accidental water deprivation

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

TLC 1/18/95
oral fluid therapy 1/18/95

Date: 1/17/95 Weight: _____ Treatments given: ☒ am ☒ pm

Comments:

During morning rounds observed animal looked dehydrated, lethargic - had irritated eyes - checked Ix1t - was not working - gave animal water in bowl and small amounts of fruit - ~~and~~ animal was eager to eat and drink - continued

Date: 1/17/95 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

to give animal small amounts of water apple juice and fruit through out day

Date: 1/18/95 Weight: _____ Treatments given: ☒ am ☒ pm

Comments:

Animal doing much better - hydration almost normal - gave water/juice and fruit - doing well - continue under observation and will offer extra fruit and fluids as needed - animal is active, alert

ANESTHESIA DATA SHEET

REGIONAL PRIMATE RESEARCH CENTER
AT THE UNIVERSITY OF WASHINGTON

Animal: J-92476

Investigator: Morton/BU

Location: _____

Program/Project: 03-02

Species: HN

Weight: 3.9 kg

Sex: (M) or F

Date of Surgery: 3/20/95

PREMEDICATION - to be filled in by Animal Scientist or Veterinary Technician

Agent:	dose	time	dose	time
1 = Ketamine	<u>70</u> mg	<u>8:30</u>	_____ mg	_____
2 = Atropine	<u>109</u> mg	_____	_____ mg	_____
3 = Rompun	_____ mg	_____	_____ mg	_____
4 = Other	_____ mg	_____	_____ mg	_____

Route of administration: 1 = intramuscular (IM)
2 = intravenous (IV)
3 = other _____

Administrator: Ann

GENERAL ANESTHESIA - to be filled in by Veterinarian or Surgical Technician:

Agent: <u>1</u> = Halothane	time on <u>9:10</u>	time off <u>10:20</u>
<u>2</u> = Isoflurane	_____ %	time on _____ % time off _____
<u>3</u> = N2O+O2	_____ %	time on _____ % time off _____
<u>4</u> = Ketamine	_____ mg	time _____ mg time _____
<u>5</u> = other _____		

Route of administration: 1 = mask over face
2 = cuffed intratracheal tube
3 = intravenous catheter
4 = intramuscular (IM) puncture
5 = other _____

Duration of surgery: time on 9:30
time off 10:20

Anesthesiologist: pascoe
Surgeon: Knicker

Fluid administration during surgery:

1 = normal saline	5 = 5% dextrose in water
2 = normal saline + heparin	6 = LRS with 5% Dextrose
3 = Ringer's solution	7 = Others _____
4 = Lactated Ringer's solution	8 = None

Type of procedure: 1 = experimental
2 = diagnostic
3 = therapeutic
4 = other _____

Summary of procedure: Stomach cath for tether system

MAJOR SURGERY REQUEST & RECORD

REGIONAL PRIMATE RESEARCH CENTER
AT THE UNIVERSITY OF WASHINGTON

Surgeon: Knutter

Surgery staff should fill in below:

Phone: _____

Assigned date of surgery: 3/20/95

Date: 3/20/95 Time: 9:06

Assigned time of surgery: 9:06 (24hr)

Requestor should fill in the following information:

DO NOT LEAVE ANY BLANKS!!!

Animal number: J-92476

Requested date of surgery: 3/20/95

Species: mn

Requested time of surgery: 9:06 (24hr)

Location: _____

Authorized Core Staff
or Research Affiliate: Morton

Project number: 03-02

Description
of surgery: Stomach Cath - subcutaneous
exit on back + tethered

Preoperative
preparation: Abel

Where: ☐ Seattle Colony surgery ☐ Primate Field Station surgery
☒ Seattle Colony x-ray room ☐ Other _____

Special:

anesthesia: _____

Special
equipment: ☐ Operating microscope ☐ Nuclear Chicago stimulator ☐ Other _____
☐ Stereotaxic instrument ☐ Tether

Postoperative care:

(diet, tether,
chaining, etc) tethered

Surgeon should fill in the following when surgery is completed:

Complications or details
of surgery not described
above: None

Permanent physiological
alteration to animal: None

Total blood volume lost and/or drawn: 0 ml

Experimental drugs administered? ☒ no ☐ yes

Isotopes administered? ☒ no ☐ yes, type _____ conc _____ μ Ci

Fetus taken? ☒ no ☐ yes

fetus number: _____
weight: _____, ☐ wet or ☐ dry
sex: M or F or unknown
disposition: _____

Surgeon(s) and assistant: Allen H. Knutner

revised 5-13-83

Original copy in animal's file, second copy in surgery.

10/10/22	111	✓
" PISP	1111	✓
E 10 B/cab	1	✓
+ (1) "	1	✓
-OMKXW1	1	✓
-O Derrin	1	✓
-O Derrin	1	✓
to Silk Setq	1	✓
S/100C	11	✓
CARD	11	✓
MARKS AS	11	✓

d

1

BLOOD/BODY FLUID PRECAUTIONS

MICROBIOLOGY REPORT

For (circle one)
☒ Routine C and S
☐ Fungi
☐ Ova and Parasite
☐ Cryptosporidium

[illegible]

APR 3 1995

3/93

J-009

Sick Animal Report - P3

Date: 11/25/96

Animal No: 592476

Rptd by: MKS

Investigator: MONTECH Tech: _____ Project: _____ Location: _____

Species: MN Sex: M Date Problem First Noted/Duration: 11/25/96

Medical Problem/Observation for Examination: BLEEDING FINGER

Rx - Cepraxin 11/25/96 - 12/8/96
1670 PPM 11/25-12/3 5 PPM 12/3-12/8/96

Objective:	Weight: <u>5.48</u>	Temp: _____	HR: _____
CD4 Status	Normal: _____	Declining: _____	Depleted: _____

Virus Status: 11V-2

Cardio/Resp: _____

GI: _____

Genital: _____

Integumentary: _____

Musc/Skeletal: LACERATED / CRUSHED ~~POPE~~ 2nd DIGIT, RT HAND, 2nd PHALANX, CUT ON DORSAL + VENTRAL SIDES, BILATERAL BEAL.

Neurological (Reflexes): _____

Special Senses: _____

Renal/UT: _____

Protocol Notes of Relevance: _____

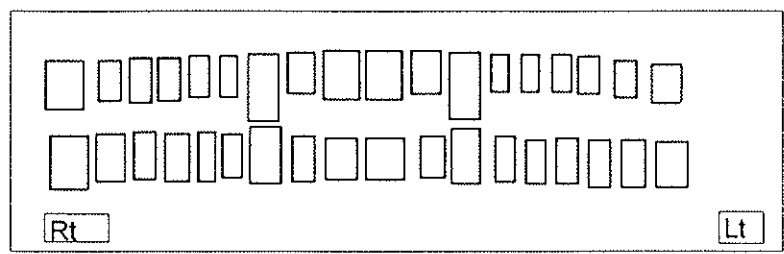
Other Diagnostics Run (Date/results): _____

Assessment: (Rule-Out List)

1 _____ 2 _____ 3 _____

Diagnostics: CBC: ☐ Chems: ☐ UA: ☐ Fecal Flotation: ☐ Smr: ☐ Other: _____
Culture: Source _____ Cytology: Source _____
Ultrasound: _____ Radiology: _____
ECG: _____ Other: _____

Dental:



Treatments: CLEANED WOUND, SOWN IN B-Dyne, BANDAID w/ B-Dyne
0.3 ml KETALAR IM
150 mg CEPRAXIN IM BID 11/25 -> 12/25

Follow-ups: AMPUTATION?

Clinician: _____ Chargeable: Yes/No _____

Date: 11/28/86 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: PAW BANDAGE IN PLACE NO OBVIOUS ANIMAL DISCOMFORT
GOOD TYRACAL PM.

11-30-86 PAW BANDAGE IN PLACE BUT IN PLACE. CHANGING TYRACAL THIS PM.

Date: 12/1/86 Weight: 4.86 kg Treatments given: ☐ am ☐ pm

Comments: ADMITTED TO CHANCE BANDAGE. WOUND PARTLY CLOSED, BUT NO REDUCTION IN SWELLING FROM EXCESSIVE INJURY (BONE STILL BROKEN)
GOOD CIRCULATION TO TISSUE, LACERATIONS HEALING WELL SEEN IN BODY
AND REBANDAGED IN BODY CONTINUED. WOUND OBVIOUSLY CAUSED ANIMAL
ANXIETY, BUT NOT RUIN UNDER SEDATION; CHANGING FROM TYRACAL TO
0.25 KETOFEN PM. CONSULTED W/ DR SEAN W/ ANIMAL HAS LOST 6-30 gms
IN 6 DAYS, WILL NOT EAT THE 4 TABLETS OF 100 MG APETIZANT PM
ANIMAL TRICK. STOOD AT NORMAL.
GAVE 0.25 ml VTS IN OROSTOMY. ANIMAL HAD IMPROVED BEHAVIOR BY THIS PM.

Date: 12/2/86 Weight: _____ Treatments given: ☒ am ☐ pm

Comments: Agitated. Gave 0.25 cc Ketofen.
Sedated w/ Ket/Rompun. Amputated digit
to joint P₁-2. Sutured w/ 3-0 Dexon. Flushed
well w/ Betadine / Nolyasan / NFZ pouder
applied. Bandaged - change 12/4
Gave 150 mg in Cefazolin, will cont
Ketofen 48 hrs; cephalexin cont thru 12/8

Date: 1/1/87 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: Finger was grossly swollen w/
creptation mid P₂. 2 large areas
of lacerations - not bleeding.
Will give extra meals today w NW chow
Watch appetite.
Change bandage of 48 hrs (M, W, F) this week (Cap)

CLINICAL TREATMENT DATA SHEET

Animal # 592472 Ear Tag # _____ Start Date: 11/25/96
 Investigator: MARTIN/SCHMIDT Room: I 007
 Diagnosis/Major problem list: LACERATION - (R) NAIL - DIGIT 3
1) DORSAL - 2 CM LACERATION - HEALING WELL 11/22
2) VENTRAL - 1 CM LACERATION - M exposed - HEALING

Proposed treatment schedule and special instructions including antibiotics:

Clinical Lab Tests
☐ CBC
☐ rectal culture

11/25 - MS BANDAGE
1000mg CEFADIXIN IM BID - 11/25 - 11/26
150mg PO BID 11/27 - 12/8

Date: 11/26/96 Weight: _____ Treatments given: ☐ am ☐ pm
 Comments: Found wound in FLANK RK -
HAD RAB PUT RK SIGN ON LABE
BANDAGE IS INTACT.
ANIMAL ALL FINE THIS AM - WHEN I "TREATED"
RK - CEFADIXIN - 150mg IM C. EMERSON
TYLOR - 100mg PO TO ENSURE THAT SHE KNEW THAT
COULD AS TO ENSURE THAT
ANIMAL HAD BEEN TREATED
 Plan - continue ASD - work with Ann ☐ am ☐ pm

Date: 11/26/96 Weight: _____ Treatments given: ☐ am ☐ pm
 Comments: KETAMINE/ATROPINE -
REMOVED BANDAGE - LESIONS ARE HEALING WELL
NO AMPUTATION REQUIRED
RK - SOAKED FINGERS IN BETADINE SOLUTION
REBANDAGED
 Plan - 1. CONTINUE CEFADIXIN - GIVE AN INJECTION
SWITCH TO ORAL MEDICATION ON THURSDAY 11/26
 2. CHANGE BANDAGE ON SATURDAY.

Date: 11/28/96 Weight: 5.0 kg Treatments given: ☐ am ☐ pm
 Comments: ONLY ANIMAL HAD REMOVED BANDAGE & IN SEVERE PAIN?
OF SAME HAND; SUPERFICIAL ABRASION ON THE BACK OF HIS THUMB
NO SIGN CONC. SWELLING, BEHEADED HAND IN BODY & REBANDAGED
M. 3-DAY CMT. + FIRST HAND PROVIDER. 2nd DENT V. SWELLING &
WOUNDS HEALING, & WOUNDS FAIRLY
NO AROUND GAVE HAD IN
MR. GIVE TYLOR PO FOR SWELLING
(W, F) the

CLINICAL TREATMENT DATA SHEET

Animal # 392476 Ear Tag # _____ Start Date: 11 / 25 / 96
Investigator: Trishma - (P) MAMM Room: _____
Diagnosis/Major problem list: _____

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

Cephalexin 150 mg PO BID 11/28 - 12/6
Ketorolac 0.25 cc IM BID 12/1 - 12/3

12/12

Date: 12 / 3 / 96 Weight: 5.2 kg Treatments given: ☐ am ☐ pm

Comments: Am - BME #1 - BANDAGE in place
Rx - Cephalexin + Ketorolac

3:30 pm - ANIMALS ENTER THROUGH BANDAGE - REMOVED 1 suture
P. - DISTAL END SWOLN (1 suture remaining)

SMA - Ketorolac / Atropine

HR = 110/min R = 60/min T° = 101.6

SMOOTH FIBRE IN MOLASAN SUTURE

Dried wound - APPLIED wound powder + STAPLER
Gauze (no Telfa pads)

Date: 1 / 1 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: Re BANDAGE

PM Rx - Cephalexin + Ketorolac

Plan - 1. CONTINUE Ketorolac + ANTIBIOTICS -

2. Re - BANDAGE THURSDAY (on JOINT IE
Animal remains).

C. Barron

Date: 12 / 4 / 96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: BANDAGE REMOVED AND ANIMAL 105 PAINED OUT ALL SUTURES

Taken P. of Dist 3.

Rx - Ketorolac / Atropine Administered

SMOOTH wound in Cerebrum

Resuturing wound - 4-0 DERMATON (non-absorbable)

Re BANDAGE

Cephalexin 150 mg PO BID

Ketorolac 0.25 cc - will continue to STAPLE 1/2 ml IM BID

Date: 12/5/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: B.M.M.

BANDAGE IN PLACE

BEHAVIOR IS MORE "NORMAL" PER AS

PX - CAPTALEXIN 150 mg PO BID

STADOL 0.5 mg IM BID

EBG CARRON TO STADOL INSTEAD OF BANDAGE

CH

Date: 12/6/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: B.M.M. - BANDAGE IN PLACE

PX - CAPTALEXIN & STADOL - C. THERAPY

PLAN - REBANDAGE THIS AFTERNOON & GIVE P.M. RX

C. THERAPY

9:00 pm - Ketamine/atropine -

SEARCHED FINGER TIP (P. OF DIGIT 3 - (R) manus)

SCANT - THREE YELLOW DISCHARGES - NO SWELL.

APPLIED CORTICOSTEROID POWDER

Date: 1/1 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: M - UNBANDAGED (BANDAGED) HAND

PX - CAPTALEXIN

STADOL

EBG CARRON TO STADOL

PLAN - CONTINUE ABO & STADOL

RE-BANDAGE IF ANIMAL REMOVES

Date: 12/7/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: B.M.M. PROGRESS NOTED.

12/8/96 PROGRESS NOTED

CLINICAL TREATMENT DATA SHEET

Animal # 392472 Ear Tag # _____ Start Date: 11/25/96
 Investigator: MORTON / AS Room: 1009
 Diagnosis/Major problem list: TRAUMA

Clinical Lab Tests

- ☐ CBC
☐ rectal culture

Proposed treatment schedule and special instructions including antibiotics:

150mg Cephalexin PO BID 11/28 - 12/12

Date: 12/9/96 Weight: 5.63 Treatments given: ☐ am ☐ pm

Comments: Ketamine / Atropine - BANDAGE CHANGE
BATH; NORMAL STOOL; BANDAGE IN PLACE

SOA. FINGERS HEALING - SURG. (DERMATION MONITOR)
STILL IN PLACE. NO EXUDATE
(COLADEN POWDER USED TIL 12/6 -
SWITCH TO (VETRI)

Rx - SOAKED TIBIAL - CLOXIMATEXIDINE SCALD
RINSED & DRIED
APPLIED COLADEN (LIQUID)

Date: 1/1/97 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: BANDAGE
CEPHALEXIN - 150 Q 20 BID
1/1 remove suture
PLAN - 1. BANDAGE CHANGE WED / TH 12/11 on 12/12
2. CONTINUE CEPHALXIN ALSO TIL 12/12 pm
C. EMBL

Date: 12/10/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: Bandage is off. Looks ok.
BATH - not bothering fingers
* CONT w/ Cephalexin as planned.

Cap

Date: 12/11/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

BANDAGE OFF SINCE 12/16/96

FINGER IS DRY - NO BURN EXPOSURE - SUTURE STILL IN PLACE
AM Cephalexin RX - GUVN

PLAN: 1. OBSERVE DAILY
2. CONTINUE Cephalexin TILL 12/12/96 ~~AM~~
C. EMMERSON

Date: 12/12/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

BURN
FINGER TOP ABOUT 2 IN SAME -
SUTURE NOT VISIBLE

RX - Cephalexin 150 mg po BID - AM RX GUVN -
LAST RX DOST TONICAT.

PLAN - PROSTHETIC ARMED & CLOSING INSPECT
WOUND NEXT WEEK. C. EMMERSON
Cler

Date: 12/13/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

resolved - doing fine

Capp

Date: 12/18/96 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

ARMED PROSTHETIC B-Y AS - I OBSERVED

FINGER HAS HEALED WELL -

RESOLVED CASE.

Cler

CLINICAL TREATMENT DATA SHEET

Animal # 192476 Ear Tag # 0303 Start Date: 4.2.97
 Investigator: Morton Room: I009
 Diagnosis/Major problem list: Dry, white flakey dermatitis

Clinical Lab Tests
☒ CBC pending Proposed treatment schedule and special instructions including antibiotics:
☐ rectal culture Nalvasan, cream to feet BID 4/2-4/3
watch topical

Date: 4.12.97 Weight: _____ Treatments given: ☒ am ☐ pm

Comments: Soles of both feet are dry, flakey - "athlete's foot" in appearance. Hands are moist, normal - no drying after scrubbing with Chlorhexidine scrub, pads are clean, but deep cracks are inflamed. Monkey does not seem to favor the feet, walks normally. Will watch

Date: 4.13.97 Weight: _____ Treatments given: ☐ am ☐ pm

Comments: Partly, animal sound as normal + behaviors normally. Unable to see cracking or flaking on feet (and not sedate) cont. to obs. in 2S

D/c obs - during five

Date: 1/1 Weight: _____ Treatments given: ☐ am ☐ pm

Comments:

CLINICAL TREATMENT DATA SHEET

Animal # J92476 Ear Tag # _____ Start Date: 5/18/97
 Investigator: Morton Room: 033#15-7088-Q
 Diagnosis/Major problem list: Laceration on ① hand. base of thumb on palm of hand.

DATE Clinical Lab Tests

- ☐ CBC
- ☐ rectal culture
- ☐ Chem
- ☐ Fecal flot
- ☐ Fecal smear

Proposed treatment schedule and special instructions including antibiotics:

1. Cefazolin 80 mg 5/12/97
2. Cephalexin 150 mg PO BID 5/18/97 - 5/25/97
- 3.
- 4.

Date: 5/17/97 Weight: 6.23 kg Treatments given: ☐ am ☒ pm
 Comments: BARTH, Noticed bld in ④ on cage. Noticed ~~a~~ bld on left hand upon inspection. Sedated 0.8 mL ketamine & 0.4 mL atropine IM. has some torn skin at base of thumb at palm side of ① hand. Irrigated out & put some triple Abtic cream on it. Placed a bandage on ① hand/lower arm. Gave 80 mg Cefazolin IM. Will start w/ oral Cephalexin tomorrow.

Date: 5/18/97 Weight: _____ Treatments given: ☐ am ☐ pm
 Comments: BARTH, some of bandage on hand has been chewed or torn away. No noted swelling or redness at port shown. N stool, eating & playful. starting 150 mg Cephalexin PO BID. re

5/19/97 BARTH, Bandage is gone from hand. No swelling or bld noted on hand. seems to be using it fine.
 N stool, eating & playful, cont ceph. re

Date: 5/20/97 Weight: _____ Treatments given: ☐ am ☐ pm
 Comments: BARTH, N stool, wound is healing, eating, cont. ceph. re
 5/21/97 BARTH, N stool, wound is still healing, eating, cont. ceph. re

5-22-97 BARTH wound APPEARS TO BE CLEAN; NO SWELLING OR PAINAGE. ANIMAL USES HAND FREELY. STILL HEALING
 cont. ceph. re

Date: 5-23-97 Weight: _____ Treatments given: ☐ am ☐ pm
Comments: BATH, NO SWELLING OR REDDING, WOUND APPEARS CLEAN
AND IS HEALING WELL. CONT ABX

5-24-97 BATH, HEALING V. WELL.
mms

5-25-97 BATH, HAND LOOKS FINE. ABX END TODAY.
mms

5-26-97 BATH, NO CHANGE mms

Date: / / Weight: _____ Treatments given: ☐ am ☐ pm
Comments:

Date: / / Weight: _____ Treatments given: ☐ am ☐ pm
Comments:

Date: / / Weight: _____ Treatments given: ☐ am ☐ pm
Comments:

6/20

IQ.9

CLINICAL TREATMENT DATA SHEET

Investigator HuProject #: 0108ANIMAL # J92476 EARTAG# EWRoom, Cage #: B113 # 2824Start Date: 06/20/98 END 08/27/98Presenting problem(s)/History: Rectal Prolapse

Physical Examination:

Weight: 7.1 Kg Temp: _____ HR: _____ RespR: _____

(1) T: 68000 M: 31050 (S)
 (2) P: 28150
 (3) P: 20370
 (4) E: 777X P: 120X2
 (5) E: 719Y P: Y330T

Differential Diagnosis/Rule-out List:

Diagnostic Tests:

Date	Test	Result Summary	Read	Dr.	Recheck/Followup
07/10/98	CPC/chemistry	Barium documented		J.B.	
07/10/98	Direct per rectum	07/14/98		J.B.	

Plan (Treatments)

Start Date	End Date	Dose	Drug	Route	Freq	Comments
6/21/98	6/23/98	35mg	Ketotex	IM	BID	Rectal Prolapse
6/26/98	6/28/98	40mg	Ketoprofen	IM	BID	Anti-inflammatory for prolapse
7/1/98	7/1/98	40mg	Ketoprofen	IM	BID	
7/12/98	7/14/98	40mg	Ketoprofen	IM	BID	
7/10/98	7/15/98	↓	↓	↓	↓	1st dose @ PE
08/10/98	08/14/98	4mL	Septia	PO	BID	@ 32mg TMP/dose

Plan (Action)

sedate,Diagnosis: Repeated rectal prolapses not associated with diarrheaFollowup Plan: 0807 7/1/98 - see notes

Results from Diarrheal Culture

Dr. Marilyn C. Roberts Laboratory
Box 357238 Phone 543-8001 Office/ 543-6418 Lab

0309

Date: 7-14-98

Monkey No.: J92476

Species: MN

Room No.: B113 #24

Culture Source:

direct rectal

Organism(s) Isolated:

No Salmonella, Shigella
Campylobacter, Yersinia
3+ Staph aureus
4+ & Streptococcus
3+ E. coli

Date/Time Collected:

7/10/98 12:00

Susceptibility:

Not Done

Campylobacter

Amp
Cip
Doxy
Erm
Kan
SXT

Shigella/Salmonella

Amp
Amc
Cip
Chlor
Cro
Erm
Ofi
Tet
Doxy
SXT

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14-OCT-99 0 10.860 Kg
 26-JAN-00 0 11.750 Kg
 08-MAR-00 0 11.760 Kg
 08-MAR-00 10 11.660 Kg
 12-JUN-00 0 12.620 Kg
 04-JUL-00 0 12.510 Kg
 21-AUG-00 0 12.640 Kg
 25-AUG-00 0 12.600 Kg
 06-SEP-00 0 12.700 Kg
 22-SEP-00 0 13.070 Kg
 26-OCT-00 0 13.330 Kg
 20-NOV-00 0 13.720 Kg
 19-JAN-01 0 13.080 Kg

*** Tb Tests *** (All 13 Records)

Date	Seq	Where	Vetalar	Atropine	Other-drug	R24	R48	R72	T
11-FEB-93	0								
15-APR-93	1	left lid							
31-AUG-93	0	left lid							
14-OCT-93	0	left lid							
25-JAN-94	0	right lid				2			m
26-APR-94	0	left lid				1	1	1	m
09-AUG-94	0	right lid				1	1	1	m
29-NOV-94	0	left lid				2			m
06-MAR-95	0	right lid				2			m
07-JUN-95	0	left lid							m
04-DEC-95	0	left lid							m
04-JUN-96	0	left lid							m
07-OCT-96	0	right lid				1	1	1	m

*** Project Records *** (All 9 Assignments)

Assigned	Returned	Investigator	Pg	Pj	Use	Acc	Expires	Title
16-NOV-92	30-APR-93	Research-Reserve	00	00				Bdraws Dummy Project
01-MAY-93	20-OCT-93	Research	53	01		2511-43	23-AUG-01	Research/Reserve
21-OCT-93	28-NOV-94	Morton, William R.	67	31	Not Used	2409-10	03-MAY-94	HIV-1/MN in M. namestrina
Comment: Not used on Morton 67-31, so will reassign to 67-29.								
29-NOV-94	19-JAN-95	Morton, William R.	67	29	Not Used	2409-03	26-JUL-96	HIV-1 IR Inoculation
20-JAN-95	01-FEB-95	Hu, Shiu-Lok	01	06	Not Used			Effect of D4T on HIV-2/287
Comment: Replacement for 93157 (needed colony born animal).								
02-FEB-95	17-MAR-95	Morton, William R.	67	29	Not Used	2409-03	26-JUL-96	HIV-1 IR Inoculation
18-MAR-95	09-MAR-97	Morton, William R.	03	02	Terminal	2409-32	28-MAR-97	D4T Antiviral Therapy with HIV-2/287 (Phase 2)
10-MAR-97	02-FEB-98	Morton, William R.	03	03	Terminal	2409-54	05-DEC-97	Effect of CD8 Depletion on HIV-2 Infection
03-FEB-98		Hu, Shiu-Lok	01	08	Terminal	2370-11	19-MAR-01	Effect of CD8 Depletion on HIV-2 Infection

*** Blood Draws *** (All 104 Records)

Date	Site	Reason	What Drawn	Where Drawn	Amount	By	SB	Investigator	Pg	Pj
09-JUN-93	ML	PI	Blood	Rt. Femoral	5.0			SAIDS Research	66	20
28-JUL-93	ML	Research	Blood	Rt. Femoral	5.0			SAIDS Research	66	20
30-AUG-93	ML	Research	Blood	Rt. Femoral	14.0			Morton/Wong-Staal	02	01
07-OCT-93	ML	PI	Blood	Both Femorals	20.0			Morton, William R.	67	31
15-MAR-94	Colony	Research	Blood	Rt. Femoral	25.0			AIDS/Hu		
11-OCT-94	Colony	Research	Blood		10.0	GK		Benveniste, Raoul		
19-JAN-95	Colony	Research	Blood	Rt. Femoral	20.0	DG		AIDS/Morton		
26-JAN-95	Colony	PI	Blood	Rt. Femoral	20.0	DG		AIDS/Morton		
02-FEB-95	Colony	PI	Blood	Rt. Femoral	20.0	DG		AIDS/Morton		
09-FEB-95	Colony	PI	Blood	Rt. Femoral	15.0	DG		AIDS/Morton		
16-FEB-95	Colony	PI	Blood	Rt. Femoral	20.0	DG		AIDS/Morton		
22-FEB-95	Colony	Research	Blood	Rt. Femoral	15.0	AS		AIDS/Morton		

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24-FEB-95	Colony	Research	Blood	Rt. Femoral	15.0 AS	AIDS/Morton	
03-MAR-95	Colony	PI	Blood	Lf. Femoral	30.0 DG	AIDS/Morton	
13-MAR-95	Colony	Research	Blood	Rt. Femoral	25.0 AS	Greenberg, Philip D.	
24-MAR-95	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 02
27-MAR-95	Colony	PI	Blood	Rt. Femoral	17.0 MG	Morton, William R.	03 02
29-MAR-95	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 02
31-MAR-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	67 33
03-APR-95	Colony	PI	Blood	Lf. Femoral	17.0 AS	Morton, William R.	03 02
06-APR-95	Colony	PI	Blood	Lf. Femoral	14.0 AS	Morton, William R.	03 02
10-APR-95	Colony	PI	Blood	Lf. Femoral	15.0 AS	Morton, William R.	03 02
13-APR-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
17-APR-95	Colony	PI	Blood	Lf. Femoral	20.0 AS	Morton, William R.	03 02
24-APR-95	Colony	PI	Blood	Rt. Femoral	19.0 AS	Morton, William R.	03 02
24-APR-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
27-APR-95	Colony	PI	Blood	Lf. Femoral	17.0 A	Morton, William R.	03 02
01-MAY-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
08-MAY-95	Colony	PI	Blood	Lf. Femoral	30.0 AS	Morton, William R.	03 02
09-MAY-95	Colony	PI	Blood	Rt. Femoral	30.0 AS	Morton, William R.	03 02
15-MAY-95	Colony	PI	Blood	Lf. Femoral	30.0 AS	Morton, William R.	03 02
22-MAY-95	Colony	PI	Blood	Lf. Femoral	30.0 AS	Morton, William R.	03 02
05-JUN-95	Colony	PI	Blood	Rt. Femoral	31.0 AS	Morton, William R.	03 02
19-JUN-95	Colony	PI	Blood	Rt. Femoral	20.0 AS	Morton, William R.	03 02
17-JUL-95	Colony	PI	Blood	Rt. Femoral	37.0 AS	Morton, William R.	03 02
24-JUL-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
31-JUL-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
08-AUG-95	Colony	PI	Blood	Rt. Femoral	30.0 AS	Morton, William R.	03 02
15-AUG-95	Colony	PI	Blood	Rt. Femoral	24.0 AS	Morton, William R.	03 02
29-AUG-95	Colony	PI	Blood	Rt. Femoral	31.0 AS	Morton, William R.	03 02
05-SEP-95	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 02
26-SEP-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
10-OCT-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
25-OCT-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
01-NOV-95	Colony	PI	Blood	Rt. Femoral	17.0 AS	Morton, William R.	03 02
07-NOV-95	Colony	PI	Blood	Rt. Femoral	5.0 AS	Morton, William R.	03 02
15-NOV-95	Colony	PI	Blood	Both Femorals	24.0 AS	Morton, William R.	03 02
04-DEC-95	Colony	PI	Blood	Rt. Femoral	27.0 AS	Morton, William R.	03 02
05-JAN-96	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 02
09-JAN-96	Colony	PI	Blood	Rt. Femoral	5.0 AS	Morton, William R.	03 02
30-JAN-96	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 02
01-FEB-96	Colony	PI	Blood	Rt. Femoral	20.0 AS	Morton, William R.	03 02
27-FEB-96	Colony	PI	Blood	Rt. Femoral	23.0 AS	Morton, William R.	03 02
01-MAR-96	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 02
29-APR-96	Colony	PI	Blood	Rt. Femoral	25.0 AS	Morton, William R.	03 02
07-MAY-96	Colony	PI	Blood	Rt. Femoral	9.0 AS	Morton, William R.	03 02
14-MAY-96	Colony	PI	Blood	Rt. Femoral	40.0 AS	Morton, William R.	03 02
21-MAY-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
28-MAY-96	Colony	PI	Blood	Rt. Femoral	42.0 AS	Morton, William R.	03 02
04-JUN-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
11-JUN-96	Colony	PI	Blood	Rt. Femoral	40.0 AS	Morton, William R.	03 02
18-JUN-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
02-JUL-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
13-AUG-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
04-SEP-96	Colony	PI	Blood	Rt. Femoral	40.0 AS	Morton, William R.	03 02
10-SEP-96	Colony	PI	Blood	Rt. Femoral	45.0 AS	Morton, William R.	03 02
08-OCT-96	Colony	PI	Blood	Rt. Femoral	16.0 AS	Morton, William R.	03 02
29-OCT-96	Colony	PI	Blood	Rt. Femoral	20.0	Morton, William R.	03 02
05-NOV-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
19-NOV-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
02-DEC-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
18-DEC-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
31-DEC-96	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
14-JAN-97	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
11-FEB-97	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02

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25-FEB-97	Colony	PI	Blood	Rt. Femoral	10.0 AS	Morton, William R.	03 02
19-MAR-97	Colony	PI	Blood	Rt. Femoral	45.0 AS	Morton, William R.	03 03
24-MAR-97	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 03
22-APR-97	Colony	Other	Blood	Rt. Femoral	2.0 AS		
Comment: SRV SCREENING/TESTING							
30-JUN-97	Colony	PI	Blood	Rt. Femoral	50.0 AS	Morton, William R.	03 03
07-OCT-97	Colony	PI	Blood	Rt. Femoral	4.0 AS	Morton, William R.	03 03
17-DEC-97	Colony	PI	Blood	Rt. Femoral	7.0 AS	Morton, William R.	03 03
09-FEB-98	Colony	PI	Blood	Rt. Femoral	3.0 AS	Hu, Shiu-Lok	01 08
10-MAR-98	Colony	PI	Blood	Rt. Femoral	4.0 AS	Hu, Shiu-Lok	01 08
25-MAR-98	Colony	PI	Blood	Rt. Femoral	3.0 AS	Hu, Shiu-Lok	01 08
11-AUG-98	Western	PI	Blood	Rt. Femoral	12.0 AS	Hu, Shiu-Lok	01 08
06-NOV-98	Western	PI	Blood	Rt. Femoral	12.0 AS	Hu, Shiu-Lok	01 08
04-FEB-99	Western	PI	Blood	Rt. Femoral	4.0 AS	Hu, Shiu-Lok	01 08
10-MAR-99	Western	PI	Blood	Rt. Femoral	12.0 AS	Hu, Shiu-Lok	01 08
13-APR-99	Western	PI	Blood	Rt. Femoral	52.0 AS	Hu, Shiu-Lok	01 08
20-APR-99	Western	Diagnostic	Blood	Lf. Femoral	2.5 JG		
Comment: srj							
11-MAY-99	Western	PI	Blood	Rt. Femoral	3.0 AS	Hu, Shiu-Lok	01 08
15-JUN-99	Western	PI	Blood	Lf. Femoral	4.0 AS	Hu, Shiu-Lok	01 08
15-OCT-99	Western	PI	Blood	Rt. Femoral	4.0 STC	Hu, Shiu-Lok	01 08
26-JAN-00	Western	PI	Blood	Rt. Femoral	4.0 AS	Hu, Shiu-Lok	01 08
08-MAR-00	Western	PI	Blood	Rt. Femoral	4.0 AS	Hu, Shiu-Lok	01 08
08-MAR-00	IPRL	Diagnostic	Blood	Lf. Femoral	2.5		
12-JUN-00	Western	PI	Blood	Rt. Femoral	4.0 LF/AS	Hu, Shiu-Lok	01 08
21-AUG-00	Western	PI	Blood	Rt. Femoral	2.0 LF	Hu, Shiu-Lok	01 08
06-SEP-00	Western	PI	Blood	Lf. Femoral	13.0 LF	Hu, Shiu-Lok	01 08
22-SEP-00	Western	PI	Blood	Lf. Femoral	16.0 LF	Hu, Shiu-Lok	01 08
26-OCT-00	Western	PI	Blood	Lf. Femoral	1.5 LF	Hu, Shiu-Lok	01 08
20-NOV-00	Western	PI	Blood	Lf. Femoral	2.0 LF	Hu, Shiu-Lok	01 08
19-JAN-01	Western	PI	Blood	Lf. Femoral	4.0 LF	Hu, Shiu-Lok	01 08

*** Hematologies *** (All 105 Records)

OPTIONS: Differential data are reported here as absolute counts.

OPTION: Differential data are reported here as absolute counts.																																	
Animal	Tested	HEMO	PCV	RBC	MCH	MCV	MCHC	IM	RET	ORC	PL	WBC	NEUTR	BAND	LYMPH	MONOC	EOSIN	BASOP	PLASM	ATYPL	OTHER	ME	MY	PC	PB	AN	PI	MA	MI	HY	PL	BS	LE
J92476	30-AUG-93	11.1	37.4	5.67	19.6	66.0	29.7				599	18.0	11700		5040	1260																	
J92476	07-OCT-93	1.9	39.1	6.01	19.8	65.0	30.4				470	8.1	4131		3483	486																	
J92476	26-APR-94	12.4	39.4	5.83	21.3	67.6	31.5				449	10.7																					
J92476	27-JUL-94	11.5	36.5	5.40	21.3	67.6	31.6				421	8.8																					
J92476	04-OCT-94	11.7	38.0	5.62	20.9	67.7	30.9	0			396	7.3	3431	0	3650	219	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	29-NOV-94	12.1	37.9	5.62	21.5	67.4	31.9				471	9.9																					
J92476	21-FEB-95	11.6	34.5	5.03	23.1	68.6	33.7				373	7.5																					
J92476	24-MAR-95	10.2	33.4	4.73	21.5	70.6	30.5	0			411	12.8	9344	0	2304	1024	0	128	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
J92476	27-MAR-95	10.6	35.1	5.02	21.1	69.8	30.3	0			504	13.2	10164	0	2640	0	0	0	0	0	396	0	0	0	0	0	0	0	0	0	0	0	
Abnormal cell description: MONOCYTES																																	
J92476	31-MAR-95	10.0	32.9	4.81	20.8	68.5	30.4	0			570	7.0	4200	0	2520	210	70	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	03-APR-95	9.6	31.4	4.60	21.0	68.3	30.7	0			552	8.4	5040	0	3276	84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	06-APR-95	9.2	29.2	4.25	21.6	68.8	31.5	0			519	6.9	3588	0	3036	138	69	0	0	0	69	0	0	0	0	1	0	0	0	0	1	0	
J92476	13-APR-95	9.2	29.7	4.14	22.2	71.7	30.9	0			540	8.4	2940	0	5040	252	168	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
J92476	17-APR-95	10.4	33.4	4.59	22.6	72.8	31.0	0			519	6.5	2730	0	3510	130	0	130	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	24-APR-95	11.2	36.8	4.93	22.6	74.6	30.3	0			447	6.9	4209	0	2622	69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	27-APR-95	10.8	35.2	4.73	22.8	74.4	30.6	0			396	6.2	2542	0	3286	248	62	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	01-MAY-95	11.0	36.3	4.88	22.4	74.3	30.2	0			464	6.2	2356	0	3472	186	124	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	08-MAY-95	11.6	38.1	5.11	22.7	74.4	30.6	0			457	6.9	2829	0	3381	552	138	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	15-MAY-95	11.4	37.4	5.06	22.6	74.0	30.5	0			517	7.4	3256	0	3256	444	444	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	22-MAY-95	11.4	37.0	4.95	22.9	74.9	30.7	0			506	7.1	3479	0	3124	426	71	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	05-JUN-95	11.4	38.6	5.29	21.5	73.0	29.4	0			450	6.8	3400	0	2992	408	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	19-JUN-95	11.2	37.2	5.08	22.0	73.2	30.1	0			495	9.6	4896	0	3840	480	384	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Comment: Subset data deemed unreliable, repeated on 6/21/95.																																	
J92476	21-JUN-95	10.6	35.7	4.90	21.7	73.0	29.7	0			437	9.8	5586	0	3528	294	294	98	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	03-JUL-95	11.7	37.9	5.22	22.4	72.6	30.8	0			470	13.2	7920	0	4884	264	132	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J92476	17-JUL-95	11.4	37.5	5.21	21.9	71.9	30.5	0			453	8.2	4264	0	3444	164	328	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

[illegible]

[illegible]

Tested	Parasite Type	Quantity	Other Description
04-OCT-94	Not Seen		
24-MAR-95	Not Seen		
27-MAR-95	Not Seen		
31-MAR-95	Not Seen		
03-APR-95	Not Seen		
06-APR-95	Not Seen		
13-APR-95	Not Seen		
17-APR-95	Not Seen		
24-APR-95	Not Seen		
27-APR-95	Not Seen		
01-MAY-95	Not Seen		
08-MAY-95	Not Seen		
15-MAY-95	Not Seen		
22-MAY-95	Not Seen		
05-JUN-95	Not Seen		
19-JUN-95	Not Seen		
21-JUN-95	Not Seen		
03-JUL-95	Not Seen		
17-JUL-95	Not Seen		
24-JUL-95	Not Seen		
31-JUL-95	Not Seen		
08-AUG-95	Not Seen		
15-AUG-95	Not Seen		
17-AUG-95	Not Seen		
29-AUG-95	Not Seen		
05-SEP-95	Not Seen		
12-SEP-95	Not Seen		
19-SEP-95	Not Seen		
26-SEP-95	Not Seen		
03-OCT-95	Not Seen		
10-OCT-95	Not Seen		
17-OCT-95	Not Seen		
25-OCT-95	Not Seen		
01-NOV-95	Not Seen		
07-NOV-95	Not Seen		
15-NOV-95	Not Seen		
04-DEC-95	Not Seen		
05-JAN-96	Not Seen		

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30-JAN-96 Not Seen
 27-FEB-96 Not Seen
 01-MAR-96 Not Seen
 12-MAR-96 Not Seen
 15-MAR-96 Not Seen
 02-APR-96 Not Seen
 29-APR-96 Not Seen
 14-MAY-96 Not Seen
 21-MAY-96 Not Seen
 23-MAY-96 Not Seen
 28-MAY-96 Not Seen
 04-JUN-96 Not Seen
 11-JUN-96 Not Seen
 18-JUN-96 Not Seen
 02-JUL-96 Not Seen
 30-JUL-96 Not Seen
 13-AUG-96 Not Seen
 27-AUG-96 Not Seen
 10-SEP-96 Not Seen
 24-SEP-96 Not Seen
 08-OCT-96 Not Seen
 29-OCT-96 Not Seen
 05-NOV-96 Not Seen
 19-NOV-96 Not Seen
 02-DEC-96 Not Seen
 18-DEC-96 Not Seen
 31-DEC-96 Not Seen
 14-JAN-97 Not Seen
 28-JAN-97 Not Seen
 11-FEB-97 Not Seen
 25-FEB-97 Not Seen
 24-MAR-97 Not Seen
 02-APR-97 Not Seen
 30-JUN-97 Not Seen
 12-AUG-97 Not Seen
 09-SEP-97 Not Seen
 07-OCT-97 Not Seen
 17-DEC-97 Not Seen
 09-FEB-98 Not Seen

*** Blood Chemistries *** (All 9 Records)

NOTE: We enter zero whenever labs report a result below the detectable limit for their analyzer.

Animal Tested	Na	K	Cl	CO2	IG	TP	Alb	Glo	A/G	Cal	PO4	TBI	BUN	Glu	Crt	Alk	SGOT	SGPT	GGTP	Ldh	Chol	Tri	UA	Ph	Amy	Lip	CPK	T3	T4	Fe
J92476 30-AUG-93																														
J92476 30-AUG-93	148.0	4.2	107	13		7.4	2.6	4.8	0.542	10.5		0.30	25	96	0.8	621	44	39	50	338				7.9						
J92476 07-OCT-93	143.0	3.8	112	23		6.3	3.1	3.2	0.969	10.2		0.40	26	71	0.6	624	32	35	58	274				5.1						
J92476 12-APR-95	152.0	4.8	108	29	15	6.2	3.2	3.0	1.067	9.4	4.5	0.10	23	34	0.5															
J92476 24-APR-95	147.0	3.3	100	28	19	6.2	3.9	2.3	1.696	9.3	6.8	0.10	21	60	0.6															
J92476 08-MAY-95	152.0	3.8	108	26	18	6.3	4.1	2.2	1.864	9.9	6.8	0.10	21	27	0.6		24	9												
J92476 02-APR-97	151.0	4.1	111	30	10	6.6	4.4	2.2	2.000	9.7	4.9	0.20	25	50	0.9															
J92476 10-JUL-98	139.0	4.0	103	33		6.9	4.3	2.6	1.654	9.8	4.1	0.30	30		0.7	569	46	149	91		112									
J92476 16-APR-99	143.0	3.9	109			6.7	3.2	3.5	0.914	9.8	5.2	0.30	28	62	0.9	728	120	132	85		113									

*** Snomed Reports *** (All IQs; All 20 Records)

(Please note that some test results are available only through MICRO and VIRUS.)

CLINICAL PROCEDURE on 01-SEP-94:

EDEMA of LEFT ARM, UPPER EXTREMITY.

The above is due to LEFT ARM, UPPER EXTREMITY. CAGE. CAUGHT BETWEEN BARS.

The above is followed by RELEASED FROM TREATMENT, UNDER OBSERVATION.

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KETAMINE HCL.

ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed. ATROPINE.

The above is followed by THIRD FINGER. DEBRIDEMENT performed.

CHLORHEXIDINE ACETATE ONE PERCENT OINTMENT (NOLVASAN).

Additionally, ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed.

BENZATHINE/PROCAINE PENICILLIN G.

ADMINISTRATION OF MEDICATION, ORAL performed. KETOPROFEN - KETOFEN.

ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed. VITAMINE B12.

ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed. VITAMINE B

COMPLEX.

ADMINISTRATION OF MEDICATION, SUBCUTANEOUS performed. ASCORBIC ACID.

The above is followed by ROUTINE MONITORING performed.

The above resulted in TREATMENT RESPONSE, GOOD.

CLINICAL PROCEDURE from 13-OCT-00 to 13-OCT-00:

PHYSICAL EXAMINATION, COMPLETE performed.

DENTAL PROPHYLAXIS, CLEANING performed.

*** Microbiology Reports *** (All 2 Records)

30-MAR-95 0 95S-0278 Seattle Clinical Lab

Type: fecal / enteric

Site: rectum

How-taken: direct swab

Purpose: diagnostic

Normal flora: 2+ few

-- Bacteriology --

1371 CAMPYLOBACTER JEJUNI: 3+ moderate

Enrofloxacin: sensitive

Erythromycin [ERM]: sensitive

Gentamicin [GM]: sensitive

Nalidixic Acid: sensitive

Sulfa Trimethoprim - SXT: resistant

10-JUL-98 0 98U-0309 Dr. Marilyn Roberts

Type: fecal / enteric

Site: rectum

How-taken: direct swab

Purpose: diagnostic

No normal flora.

-- Bacteriology --

1571 ESCHERICHIA COLI: 3+ moderate

2441 STAPHYLOCOCCUS AUREUS: 3+ moderate

2500 STREPTOCOCCUS, NOS: 4+ many

X. STREP.

*** Surgery Reports *** (All 2 Records)

Minor Experimental Surgery Miscellaneous Seattle Colony from 20-MAR-95 09:30 to 20-MAR-95 10:20.

General anesthesia: Halothane

Route: Cuffed Intratracheal Tube

Fluid administration: Other

Investigator: Morton, William R.

Program: 3 Project: 2

Surgeon: Knitter P.C. Staff

Minor Clinical Surgery Oral Surgery Seattle Colony from 25-AUG-00 10:00 to 25-AUG-00 10:40.

General anesthesia: Isoflurane

Route: Cuffed Intratracheal Tube

Investigator: Hu, Shiu-Lok

Program: 1 Project: 8

Surgeon: Brown P.C. Staff

Coded-by: MJ

ALL FOUR CANINES. PULP CAP, DIRECT performed.

For which was done: ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed.

KETOPROFEN - KETOFEN.

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CLINICAL DISORDER from 07-DEC-94 to 12-DEC-94:

PROLAPSE of RECTUM. CHRONIC.
For which was done: ANUS. CLOSURE OF SKIN BY SUTURE performed. PURSE
STRING.
Additionally, ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed.
BICILLIN.
The above is followed by TREATMENT RESPONSE, GOOD.
The above is followed by REMOVAL OF SUTURES performed.

READMISSION from 21-DEC-94 to 03-JAN-95:

PROLAPSE of RECTUM. CHRONIC.
For which was done: RECTUM. CLOSURE OF SKIN BY SUTURE performed.
PURSESTRING.
The above resulted in TREATMENT RESPONSE, GOOD.
The above is followed by REMOVAL OF SUTURES performed.

CLINICAL PROCEDURE from 17-JAN-95 to 18-JAN-95:

DEHYDRATION.
The above is due to WATER DEPRIVATION, ACCIDENTAL.
For which was done: ORAL ADMINISTRATION performed. FOOD. JUICE AND FRUIT
SUPPLEMENT.
The above is followed by RELEASED FROM TREATMENT, UNDER OBSERVATION.

EXPERIMENTAL SURGERY on 20-MAR-95:

STOMACH. INSERTION OF CATHETER performed. CATHETER.
The above is followed by TETHER APPLIED performed.

CLINICAL PROCEDURE from 20-MAR-95 to 21-MAR-95:

ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed. KETOPROFEN -
KETOFEN.

EXPERIMENTAL PROCEDURE on 27-MAR-95:

ANIMAL INOCULATION performed. EXPERIMENTAL DRUG OR SUBSTANCE. HIV-2/287
CELL FREE VIRUS IV - 25TCID50).

EXPERIMENTAL PROCEDURE from 27-MAR-95 to 17-JUL-95:

ADMINISTRATION OF MEDICATION: GASTRIC GAVAGE performed. EXPERIMENTAL DRUG
OR SUBSTANCE. ADMINISTRATION OF ANTIVIRAL DRUG DAT VIA GASTROSTOMY TUBE.

EXPERIMENTAL PROCEDURE on 30-MAR-95:

RECTUM. SPECIMEN COLLECTION, MICROBIOLOGY, SWAB performed.

EXPERIMENTAL PROCEDURE on 17-JUL-95:

STOMACH. REMOVAL OF CATHETER performed.
Additionally, REMOVED TETHER performed.
Additionally, ADMINISTRATION OF MEDICATION: GASTRIC GAVAGE performed.
EXPERIMENTAL DRUG OR SUBSTANCE. DISCONTINUED.

CLINICAL DISORDER from 25-NOV-96 to 02-DEC-96:

SECOND FINGER.
In or of: TRAUMATIC INJURY of RIGHT HAND.
For which was done: SECOND FINGER. DEBRIDEMENT performed.
Additionally, RIGHT HAND. APPLICATION OF PROTECTIVE BANDAGE performed.
Additionally, ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed.
KETOPROFEN - KETOFEN.
Additionally, ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed.
CEFAZOLIN, KEFZOL.
The above is followed by ADMINISTRATION OF MEDICATION, ORAL performed.
CEPHALEXIN, KEFLEX.
The above is followed by FAILURE TO HEAL-DELAYED HEALING.
For which was done: SECOND FINGER. SURGICAL AMPUTATION performed.
Independently, RIGHT HAND. APPLICATION OF PROTECTIVE BANDAGE performed.

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Additionally, ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed.
BUTORPHANOL TARTRATE (STADOL).
The above is followed by HEALING WELL.
Additionally, REMOVAL OF BANDAGE performed.
Additionally, REMOVAL OF SUTURES performed.

CLINICAL DISORDER from 02-APR-97 to 03-APR-97:
ECZEMATOID DERMATITIS of BOTH FEET. CBC AND BLOOD CHEMISTRY performed.
SURGICAL SCRUB performed. CHLORHEXIDINE.
TOPICAL APPLICATION performed. CHLORHEXIDINE ACETATE ONE PERCENT OINTMENT (NOLVASAN).
TREATMENT RESPONSE, GOOD.

CLINICAL DISORDER on 17-MAY-97:
LEFT HAND.
In or of: LACERATION of PALMAR SKIN OF HAND AND FINGER.
For which was done: SURGICAL SCRUB performed.
TOPICAL APPLICATION performed. ANTIBIOTIC.
APPLICATION OF PROTECTIVE BANDAGE performed.
ORAL ADMINISTRATION performed. CEPHALEXIN, KEFLEX.
The above is followed by HEALING WELL.

CLINICAL DISORDER from 20-JUN-98 to 27-AUG-98:
PROLAPSE of RECTUM.
For which was done: CBC AND BLOOD CHEMISTRY performed.
FECAL COLLECTION FOR CULTURE & SENSITIVITY & PARASITOLOGY performed.
INJECTION INTRAMUSCULAR performed. KETOPROFEN - KETOFEN.
ADMINISTRATION OF MEDICATION, ORAL performed. SEPTRA.

CLINICAL DISORDER from 05-APR-99 to 14-MAY-99:
PROLAPSE of RECTUM.
For which was done: CBC AND BLOOD CHEMISTRY performed.
BENZATHINE/PROCAINE PENICILLIN G.
KETOPROFEN - KETOFEN.
CHLORHEXIDINE ACETATE ONE PERCENT OINTMENT (NOLVASAN).
PROLAPSE of RECTUM. MANUAL REDUCTION performed.
CLOSURE BY SUTURE performed.
Independently, DENTAL PROPHYLAXIS, CLEANING performed.
Independently, EXFOLIATIVE DERMATITIS, GENERALIZED of SKIN OF ABDOMEN.
For which was done: CHLORHEXIDINE ACETATE ONE PERCENT OINTMENT (NOLVASAN).
CEPHALEXIN, KEFLEX.

CLINICAL PROCEDURE from 20-APR-99 to 20-APR-99:
IVERMECTIN.
DENTAL PROPHYLAXIS, CLEANING performed.

CLINICAL PROCEDURE from 05-AUG-99 to 05-AUG-99:
DENTAL PROPHYLAXIS, CLEANING performed.

CLINICAL PROCEDURE from 08-MAR-00 to 08-MAR-00:
DENTAL PROPHYLAXIS, CLEANING performed.
Additionally, DE-WORM performed. IVERMECTIN.
BLOOD COLLECTION performed.
PHYSICAL EXAMINATION, COMPLETE performed.
The above is compatible with ALL FOUR CANINES. animal needs all 4 canines cut down, and all canines have cracks in the composite.
Independently, VERRUCOS PAPILLOMA, WART of ABDOMEN. caudal abdomen.
VERRUCOS PAPILLOMA, WART of LEFT INGUINAL REGION.

CLINICAL DISORDER from 04-JUL-00 to 08-JUL-00:
TRAUMATIC INJURY of THIRD FINGER. Left hand.
The above is due to ANIMAL BITE.
For which was done: ADMINISTRATION OF MEDICATION, INTRAMUSCULAR performed.

BIRTH RECORD

Primate Field Station

INFANT NUMBER: J92476

DATE OF REPORT: 11/16/92

EARTAG: E - W

BY WHOM: WUP

BIRTHDATE: 11/16/92

Birth data - to be filled in when infant is processed

Sex: Male: 3 Female: Undetermined: Unknown: Room of Birth: A232-H

Species: MM

Room after birth of infant:

Birthweight: 1485

Birth code (circle one):

Sire: F2946 Dam: 87027

1 = Natural birth, viable

2. = Natural birth, nonviable

3. = Clinical birth, viable

4. = Clinical birth, nonviable

5. = Experimental birth, viable

6. = Experimental birth, nonviable

7. = Clinical C-section, viable

8. = Clinical C-section, nonviable

9. = Experimental C-section, viable

10. = Experimental C-section, nonviable

11. = Dam died/euthanized before birth

12. = Dam transferred before birth

Dam's Weight: Pre- Postpartum: 7.13 kg.

Dam lactating Yes X No

Date of Placenta Delivery: 3

Placenta manually delivered? Yes: No: X

Delivery presentation: X Normal Breech
 Abnormal C-section Unknown

Radiographs: Yes: No: Blood sample: 2 ml

Condition of uterus: COMPLETELY

Dam's Project assignment: B/B. 4V

11/12/92 Program/project number:

Infants Physical condition and/or comments: Kid looks good, 11/18

DAM doing well, inf looks good.

Anthropometrics: Right femur length: 67.79 Left femur length: 66.80

Skull length: 67.74 Skull width: 51.0

Estimated due date: 11/10/92

Process date: 11-18-92 Processed by: WUP Time: 8:07

SEPARATION DATA; to be filled out at time of separation of infant from dam prior to weaning

Separation date: / /

Infant weight at separation:

Reason for separation:

Infant category: rejected baby-save stock experimental other:

Date shipped: / / Shipped to: (city)

Research assignment: Program/project No: /

lrh 3/21/91

DATA BASE

PRIMATE FIELD STATION

PHYSICAL EXAM:

1) Integument/Musculoskeletal:

full hair coat - good musculature

R. 2nd toe missing nail

2) Respiratory:

quiet, good air exchange

3) Circulatory :

good heart rate

4) Digestive:

normal, stool

5) Nervous & Endocrine:

bright, active

6) Urogenital:

swollen prepuce - slight amt. of urine noted passed

STATISTICS:

Rectal Temp: _____ Heart Rate _____ GLU. _____ PCV _____ BUN _____ T.P. _____

PRELIMINARY DIAGNOSIS AND TREATMENT SCHEDULE:

Blano

- CBC - electrolytes

- topical Panalog

- 1/2 cc Pen.

Reason for Admission: Blano

DATE: 1.16.91

TIME: 11 AM

LOCATION: From: A217

TO: A205-C

ANIMAL #: J90153

SPECIES: HN

AGE: _____

SEX: _____

WT: _____

DAILY TREATMENT CHART

Primate Field Station

[illegible]

Animal #:

DAILY TREATMENT CHART

Primate Field Station

Date	Daily Entry	Stool	Wt.	RBC-WBC	PCV-Hg	Na-K
1-17	Bright, eating Prepuce still very swollen Irritated & me atropine cleaned prepuce - reapplied panalog ointment bladder not independent 0.1 ml Benamine IM <u>as needed</u>	N				
1-18	Bright eating Prepuce reducing cleaned prepuce - reapplied panalog ointment 0.1 ml Benamine IM	N				
1-19	Alert-Active / Appetite good	S-SN				
1-20	Alert-Active - Appetite good tip of penis swollen / Dark but appears to be functioning	N				
1-21	Alert Active Appetite Good Penis still swollen	N-S				
1-22	Bright, alert prepuce lost most of swollen - scabbed on end	N				
1-23	Bright, alert, prepuce still scabbed but swelling gone	N				
1-24	Alert, Active, gd appetite Penis swollen slightly & scabbed & reddened	N				

Animal #: J9 0153

01247 N. Hemisphere Male Sire: P7841a Dam: B7007
 Birth date: 11/18/91
 Ear tag: E-w
 Place of origin: PFS 4122 n
 Age on 11/18/92: 0.01 years (1 days)
 Femur length at birth: 00 mm

*** Gestational Data Section ***

Partic. all conceptions: 1
 Partic. all pregnancies: 0
 Gestat. term age: 178 days.
 Seq. No. 1000 Searched 1 Tested 7 n Conc. Term. 12 n
 50 5/02/92 7/00/92 8/05/92 0 F 8/22/92 11/18/92 1 n

First weight: 11/18/92 .483 kg

*** Virus Test Summary ***

No virus test results were found.

*** Moves *** (From 1/01/88 to 12/31/92)

Date	Seq	Room	OR	Rehousing	Reason
11/18/92		A202	n		Sam-infant pair in cageSam/infant bonding-o

*** Weights *** From 1/01/88 to 12/31/92:

Date	Seq	Weight
11/18/92		.483 kg

*** No Toxests for this animal ***

*** No Project Assignments ***

*** NO SKELETON RECORDS ***

*** No Survival Records Found ***

*** No Weaning Record ***

*** No Fecal Observations Record ***

*** No DIELITE Record ***

*** No INSP (Injury) records (See SCHEDULE) ***

*** No Shared Record ***

*** No NODAS Records ***

*** No VIEWS Record ***