

SToP Monitoring Sheet: *Month* _____ *Year* _____

PI:		ACUC PROTOCOL #(S):	
PRIMARY RESPONSIBLE PERSON: <i>(please list additional on back)</i>		EMERGENCY #:	
TREATMENT:		FREQUENCY (of provision or monitoring):	DURATION:
1.			
2.			
3.			
DATE:	TREATMENT #	COMMENTS:	INITIAL:
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