**[PI Name] Lab Tumor Monitoring Logs**

**Protocol Number:**

**Name(s) of Person(s) Performing Monitoring: Email or Phone:**

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| Date | Animal ID | Weight (g) | Body Condition Score | Tumor Length (mm) | Tumor Width (mm) | Tumor Volume (mm3) | Tumor Ulceration | Mobility | Total TBS | Comments & Initials |
| - - - | - - - | - - - | - - | TBS | - - - | TBS | - - - | - - - | TBS | TBS | - - - | - - - - - - - - - |
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| Date | Animal ID | Weight (g) | Body Condition Score | Tumor Length (mm) | Tumor Width (mm) | Tumor Volume (mm3) | Tumor Ulceration | Mobility | Total TBS | Comments & Initials |
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