



DLAR Services Request

DLAR USE ONLY

01 Apr 2020 RA B

Date Received/Supervisor

02 Apr 2020 jmt

Date Completed/Lab Animal Tech

Instructions: Complete form online, print, sign and date at the bottom, and submit to animal care supervisor.

Section 1. Animal and Investigator Information

Study Director: _____

Study #: _____

Principal Investigator: Barron

Protocol #: 2018-2975

Person issuing request (if not PI): _____

Telephone: _____

Date request submitted: 4/1/20
dd-mm-yyyy

Emergency Phone: _____

Animal ID: _____

Animal Location: Room #: CB23

Animal Species:

- | | | |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> cat | <input type="checkbox"/> hamster | <input type="checkbox"/> rabbit |
| <input type="checkbox"/> chicken | <input type="checkbox"/> mouse | <input checked="" type="checkbox"/> rat |
| <input type="checkbox"/> chinchilla | <input type="checkbox"/> NHP | <input type="checkbox"/> sheep |
| <input type="checkbox"/> dog | <input type="checkbox"/> pig | <input type="checkbox"/> _____ |
| <input type="checkbox"/> gerbil | <input type="checkbox"/> pigeon | |
| <input type="checkbox"/> guinea pig | <input type="checkbox"/> quail | |

Building:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> BBSRB | <input type="checkbox"/> Medical Center |
| <input type="checkbox"/> Bio-Pharm | <input type="checkbox"/> MR#3 |
| <input type="checkbox"/> CAF | <input type="checkbox"/> Sanders-Brown |
| <input type="checkbox"/> Combs | <input type="checkbox"/> Spindletop |
| <input type="checkbox"/> Kastle | <input type="checkbox"/> _____ |
| <input type="checkbox"/> MDSB | |

Section 2. Service Requested

Please perform on (date): _____
dd-mm-yyyy

- | | |
|--|---|
| <input type="checkbox"/> Transport | <input type="checkbox"/> Single or alternate housing (must be listed on IACUC-approved protocol) |
| <input checked="" type="checkbox"/> Euthanasia | <input type="checkbox"/> Enrichment deviation (must be listed on IACUC-approved protocol) |
| <input type="checkbox"/> Special Feed | <input type="checkbox"/> Special Water (In the box below, please provide the grid and rack numbers [if available] that correspond to the cages to receive special water.) |
| <input type="checkbox"/> Other (specify below) | |

Special water start: _____ Special water end: _____
dd-mm-yyyy dd-mm-yyyy

List any special instructions, as well as cage card numbers, below:

please euthanize all animals (36)

Signature of person submitting request:

[Signature]
Name

4/1/20
Date