



# DLAR Services Request

**DLAR USE ONLY**  
 01 Apr 2020 RA B  
 Date Received/Supervisor  
 02 Apr 2020 mt  
 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-mmm-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-mmm-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-mmm-yyyy dd-mmm-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