



DLAR Hazardous Agent Use Request

DLAR USE ONLY

Date Received/Supervisor

Service Request Number

INSTRUCTIONS: Complete the form, print, sign date and submit to DLAR Facility Animal Care Supervisor

LABORATORY CONTACT INFORMATION:

Study Director: _____ GLP Study #: _____

Principal Investigator: _____ Protocol #: _____

Person Requesting (if Not PI): _____ Date Submitted: _____

Contact Person: (Last, First)	Daytime	Emergency	Email

HAZARDOUS AGENT USE SUMMARY:

Agent(s) in Use: _____ **SASP** attached for each agent requested ____

Projected Administration Start Date: _____ Projected End Date: _____

SPECIES: _____

Room #: _____

BARCODE NUMBERS of CAGES or ANIMALS (Complete Table Below)

1.	11.	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15.	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.

Signature of Person Submitting Request: _____

Date: _____



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HAZARDOUS AGENT USE SUMMARY:

Agent(s) in Use: _____ **SASP** attached for each agent requested _____

Projected Administration Start Date: _____ Projected End Date: _____

SPECIES: _____ **Room #:** _____

BARCODE NUMBERS of CAGES or ANIMALS (Complete Table Below)

31.	41.	51.
32.	42.	52.
33.	43.	53.
34.	44.	54.
35.	45.	55.
36.	46.	56.
37.	47.	57.
38.	48.	58.
39.	49.	59.
40.	50.	60.

Comments:

Signature of Person Submitting Request: _____

Date: _____