



DLAR Services Request

DLAR USE ONLY

Instructions: Complete form online, print, sign and date at the bottom, and dsubmit to animal care supervisor. **Service Request forms must have a Start and End Date to be Accepted**

Date Received/Supervisor _____

Date Completed/Lab Animal Tech _____

Section 1. Animal and Investigator Information

Study Director: _____

Study #: _____

Principal Investigator: _____

Protocol #: _____

Person issuing request (if not PI): _____

Telephone: _____

Date request submitted: _____
dd-mmm-yyyy

Emergency Phone: _____

Animal ID: _____

Animal Location: Room #: _____

Animal Species:

Building:

Alpaca	Dog	Guinea Pig
Hamster	Mouse	NHP
Pig	Pigeon	Quail
Rabbit	Rat	Sheep

BBSRB	Bio-Pharm
CAF	Combs
HKRB	Medical Center
MDSB	Sanders-Brown

Spindletop _____

Service Request Must Have a Start and End Date to be Accepted

Section 2. Service Requested

Start Date: _____
dd-mmm-yyyy

End Date: _____
dd-mmm-yyyy

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

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

Signature of person submitting request:

Name

Date