DLAR Treatment Request

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

DLAR USE ONLY

Date Received/Supervisor _____

Date Completed/Lab Animal Tech _____

Study Director: _____ Study #: _____

Principal Investigator: _____ Protocol #: _____

Person issuing request (if not PI): _____ Contact Person: _____

Date request submitted: _____ Telephone: _____

format: dd-mmm-yyyy

Emergency Phone: _____

Animal ID: _____ **Animal Location:** Room #: _____

Animal Species (check one from list below):

- ☐ cat
- ☐ chicken
- ☐ chinchilla
- ☐ dog
- ☐ gerbil
- ☐ guinea pig
- ☐ hamster
- ☐ mouse
- ☐ NHP
- ☐ pig
- ☐ pigeon
- ☐ quail
- ☐ rabbit
- ☐ rat
- ☐ sheep
- ☐ _____

Building (check one from list below):

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

Drug name: _____ Type of drug: ☐ Antibiotic

Drug location (Room #): _____ ☐ Analgesic

Lot #: _____ Exp Date: _____ ☐ Other _____

Volume of drug to be given/# of tablets: _____ Dose of drug: _____ /kg

Route of Administration:

- ☐ Oral (by mouth)
- ☐ Injection: ☐ IM ☐ SQ
- ☐ Eye Medication
- ☐ Topical Medication

Frequency of Administration:

- ☐ Once per day x _____ days
- ☐ Twice per day x _____ days
- ☐ _____

Responsible Party	*Date*	*Time*	*Initials*	*Responsible Party*	*Date*	*Time*	*Initials*	*Responsible Party*	*Date*	*Time*	*Initials*

Comments

Signature of person submitting request:

_____ _____

Name *Date*

Rev: April 2026 *F-HUS-1301-ATTACHMENT 1*

CLEAR FORM