

IACUC Request for ABC Services (Mouse)

Investigator Information

PI Name:

Department:

Contact Name:

Phone:

Email:

IACUC Information

Protocol Number:

Expiration Date:

Who will run the study

Behavior Core: ☐

Your Lab: ☐

Mouse Behavior Information

Category C Tests:

☐ Conditional/Passive Avoidance

☐ Three Chamber Sociability

☐ Dynamic Brush Assay

☐ Balance Beam

☐ Y Maze

☐ Automatic Behavior Recognition

☐ Elevated Plus Maze

☐ Functional Obs. Battery

☐ Grid Walk

☐ Grip Strength

☐ Novel Object Rec./Location

☐ Light/Dark Box

☐ Morris Water Maze

☐ Pole Test

☐ Horizontal Ladder

☐ Open Field Activity

☐ Pre-pulse Inhibition

☐ Basso Mouse Scale

☐ Radial Arm

☐ Barnes Maze

☐ Rotarod

☐ Smooth/Rough Place Preference Test

☐ Sleep-Wake Activity Monitoring

☐ 4-Arm Visual Maze

☐ Wire Hang

☐ Marble Burying

☐ OptoDrum

Category D Tests:

- ☐ Von Frey Test
- ☐ Pinprick Test
- ☐ Acetone Test
- ☐ Hargreaves Test

Category E Tests:

- ☐ Contextual Fear Conditioning
- ☐ Tail Suspension Test
- ☐ Forced Swim Test
- ☐ Tube Dominance Test
- ☐ Abdominal Constriction Test
- ☐ Hotplate Test
- ☐ Coldplate Test

Mouse Strain Information

Background:

F

Strain:

Number of animals being tested:

Have these animals ever been administered hazardous
compounds?

Y ☐ N ☐

Will animals be treated with drugs or undergo surgery or post op care while in the RBC?
Y ☐ N ☐

If yes, please explain:

If your animals are transgenic or knockouts, are there any known deficits or strain issues that the RBC staff needs to be aware of? Y ☐ N ☐

If yes, please explain:

Are there any housing/food/health requirements? Y ☐ N ☐

If yes, please explain:

Comments/Questions: