

## IACUC Request for ABC Rat Services

### Investigator Information

PI Name: 

Department: 

Contact Name: 

Phone: 

Email: 

### IACUC Information

Protocol Number:  Expiration Date: 

Who will run the study      Animal Behavior Core: ☐

#### Category C

- ☐ Morris Water Maze
- ☐ Radial Arm Water Maze
- ☐ Novel Object Recognition
- ☐ 4-Arm Visual maze
- ☐ Elevated Plus Maze
- ☐ Rotor Rod
- ☐ Dynamic Brush Test
- ☐ Smooth/Rough Place Preference Test
- ☐ Light/Dark Box Test
- ☐ Grip Strength Test
- ☐ Grid Walk Test
- ☐ Autonomic Dysregulation Test

#### Category D

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

#### Category E

- ☐ Hotplate Test
- ☐ Coldplate Test
- ☐ Contextual Fear Conditioning

Account # 

Quote request needed? ☐

Current housing location:

## **Rat Strain Information**

<input type="text"/>	F	<input type="text"/>
----------------------	---	----------------------

Strain:

Number of animals being tested:

Have these animals ever been administered hazardous compounds? Y ☐ N ☐

Background:

---

Please check this box to confirm that any needed transportation to and from the Behavior Core building (HKRB) will follow IACUC policies.

If your animals are not located in the Healthy Kentucky Research Building, DLAR can transport them. Please use this service request form and return to DLAR. <https://www.research.uky.edu/division-laboratory-animal-resources/services-request-form>

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: