



# DLAR Hazardous Agent Use Request

<b>DLAR USE ONLY</b>
_____
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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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: \_\_\_\_\_