



DLAR Treatment Request

DLAR USE ONLY

Date Received/Supervisor

Date Completed/Lab Animal Tech

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

Study Director: _____ Study #: _____

Principal Investigator: _____ Protocol #: _____

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

Date request submitted: _____
format: dd-mmm-yyyy Telephone: _____

Emergency Phone: _____

Animal ID: _____

Animal Location: Room #: _____

Animal Species (check one from list below):

Building (check one from list below):

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

- BBSRB Medical Center
- Bio-Pharm Med Research #3
- CAF Sanders-Brown
- Combs Spindletop
- Kastle
- MDSB

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:

Frequency of Administration:

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

- 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