

DLAR USE ONLY

Date Received/ Supervisor

Date Completed/Lab An. Tech.

# DLAR Services Request

## Section 1. Animal and Investigator Information

Principal Investigator: \_\_\_\_\_

Protocol #: \_\_\_\_\_

Person issuing request (if not PI): \_\_\_\_\_

Telephone: \_\_\_\_\_

Date request submitted: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**Animal ID:** \_\_\_\_\_

**Animal Location:** Room #: \_\_\_\_\_

### Animal species:

- Mouse       Quail       Pigeon
- Rat           Pig           Hamster
- Gerbil       Guinea Pig  Rabbit
- Dog          Cat          Chicken
- Sheep       NHP         \_\_\_\_\_

### Building:

- Medical Center       Combs
- Sanders-Brown       Spindletop
- MDSB                 Kastle
- BBSRB                CAF
- Bio-Pharm           \_\_\_\_\_

## Section 2. Service Requested

Please perform on (date): \_\_\_\_\_

- TRANSPORT     SPECIAL FEED     SPECIAL WATER     EUTHANASIA     OTHER

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