



Surgery Request Form

for Godley-Snell Research Center

- All procedures will be performed in accordance to the related approved animal use protocol.
- Investigators are responsible for providing any IACUC approved amendments to Research Services prior to requesting any procedures.

---REQUESTS FOR SURGICAL SUPPORT/AREA USAGE REQUIRE 7 DAYS NOTICE---

You will receive an e-mail confirmation of your Service Request. Contact [Godley-Snell Research Center](#) or call 864-656-2168 if your procedures are not confirmed. If there are any scheduling conflicts we will notify you to reschedule.

Required fields are mark with a "" and highlighted by Adobe*

Contact Information of Requester

Name*

Phone Number

E-mail Address*

Principle Investigator Information

PI Name*

Animal Use Protocol*

Billing Account Number*

Surgery Details

Is the Requested Service for Training?

Yes

No

How many surgery stations will be required?*

Requested Date*

Start Time*

Time Required*

Species*

of Animals*

Please Describe The Requested Procedure (Please list all Surgeons)*



**Click the paw
to submit**