

OFFICE OF RESEARCH SERVICES  
SERVICE REQUEST FORM

DATE  AUP #  INVESTIGATOR

E-MAIL  PHONE #  EMERGENCY PHONE #

**REQUESTED PROCEDURES**

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 TECHNICAL SERVICES/AREA USAGE REQUIRE 24 HRS NOTICE---**

**---REQUESTS FOR SURGICAL SUPPORT REQUIRE 7 DAYS NOTICE---**

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

REQUESTED PROCEDURE DATE  START TIME  TIME REQUIRED

REQUESTED AREA  SPECIES  NUMBER OF ANIMALS

**SELECT ALL PROCEDURE(S) THAT APPLY**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Blood Collection    | <input type="checkbox"/> Training              | <input type="checkbox"/> Bio-Hazard                |
| <input type="checkbox"/> Injections          | <input type="checkbox"/> Radiograph            | <input type="checkbox"/> Personal Protective Equip |
| <input type="checkbox"/> Antibody Production | <input type="checkbox"/> Ultra-Sound           | <input type="checkbox"/> Special Animal Housing    |
| <input type="checkbox"/> Anesthesia Support  | <input type="checkbox"/> Animal Transportation | <input type="checkbox"/> Euthanasia                |
| <input type="checkbox"/> Surgery Support     | <input type="checkbox"/> Other                 | <input type="checkbox"/> Tissue Collection         |

**INSTRUCTIONS  
AND  
COMMENTS**

REQUESTED BY  E-MAIL  PHONE #