

COMPARATIVE MEDICINE TECHNICAL SERVICE ORDER

To be considered, complete this form and email/deliver to the facility manager/supervisor >24 hours in advance of the requested service. Requests received <24 hours in advance may only be filled at the additional cost of \$75/service.

Principal Investigator: IACUC Protocol #: Date:

Initiator: Initiator's Email: Initiator's Phone:

The Principal Investigator requests that the following animals be provided the technical services described below:

Species, Strain	Quantity	Sex	Age/Weight	Facility/Room #	Rack #
Technical Service					
Substance Administration (Indicate substance, volume, route, frequency, interval, mixing/storage instructions, PPE and/or precautions)					
Tissue Collection – Ante Mortem (Indicate tissue, volume, collection method, container type, whether to separate, refrigerate, freeze)					
Surgical Support (Indicate whether as anesthetist, patient monitor, surgeon, and/or surgical assistant, whether with catheter placement)				For CompMed Use Only: Assigned to: _____	
Surgical Assistance: Pre-op analgesics Yes No Perioperative Assistance Yes No Post-op Observations Yes No				Assigned to: _____	
Imaging Support (Indicate modality, frequency of acquisition, whether with catheter placement)					
Necropsy (Indicate method of euthanasia, list tissues to be collected, fixation, storage requirements)					
Other					

Special Instructions:

Comparative Medicine Facility Manager/Supervisor Use Only, Do Not Complete Below

Technician Assignment:	Date IACUC-Approval Verified:	<24 Hours Additional Fee:
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