

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

**Special Instructions:**

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

<b>Technician Assignment:</b>	<b>Date IACUC-Approval Verified:</b>	<b>&lt;24 Hours Additional Fee:</b>
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