

**Office of Veterinary Resources
Technical Services Request Form**

Today's Date: _____ Principal Investigator: _____ Phone : _____

Facility Location: _____ Room #: _____

Protocol #: _____ Person making request: _____

Species: _____ # of Animals: _____ (Cage card numbers must be listed below)

Cage Card Number/s: _____

Active Account # to be charged: _____ (must be received to fulfill services)

OVR staff will schedule the requested service for the next earliest availability.
Advance notification of at least one week is required for specific date requests

SERVICE REQUESTED

- Euthanasia (place an X across the cage card);
Give animal(s) ID number(s) _____
- Surgical Assistance: Procedure _____ Date _____ Time _____
- Anesthesia Assistance: Procedure _____ Date _____ Time _____
- Wound Clip/Suture Removal;
Give date surgery performed _____
- Administration of antibiotics and/or analgesics:
Give drug/dose/route/time _____
- Blood Withdrawal - Volume: _____
- Antibody Production:
Give name of Antigen _____
(CFA___) IFA(____) (Other____)
- Gavage: materials to be administered _____
- Xenopus oocyte collection _____
- Tissue collection: site _____ Quantity _____
- Gross Necropsy: information needed: _____
- Necropsy and Histopathology: sample sites: _____
- Culture and Sensitivity: site: _____
- Other: describe: _____

SPECIAL INSTRUCTIONS: _____

OVR OFFICE USE ONLY:

Technician name(s): _____

Date Completed: _____ Time Completed: _____