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:   __________