UNIVERSITY OF ROCHESTER – ANIMAL RESOURCE SPECIAL REQUEST FORM

Request will not be accepted more than 2 weeks prior to request date of execution, unless other prior arrangements are made.

Requests submitted after 2:00 PM will normally not be performed until the next day.

INVESTIGATOR (As written on ca	age tag):			
ANIMAL ROOM NUMBER:	SPECIES:			
NUMBER OF CAGES:	NU	NUMBER OF ANIMALS:		
ANIMAL ID NUMBERS:				
TYPE OF REQUEST (circle all tha	t apply): PI Fast	Vivarium Fast	Special Water	
Special Food Do Not Report	Do Not Clean	Water Scheduled	Food Scheduled	
Special Supplies Needed	Other:			
Request Begins:	Request Ends (one year maximum):			
Investigators must label cages with	a green post-it flag	(provided in the room) o	r a "special water"/ "special diet"	
		ned from the Vivarium o		
	<u>must write descriptio</u>	<u>on of special request on </u>	<u>chosen label.</u>	
Check All That Apply:				
☐ Feed 5021 Breeder Chow	☐ Feed Sulfatrim Cl	now ☐ Feed Special I	Diet:	
	provide 1 gram/liter section below	(2.5 ml/997.5 ml water)	Equisol unless PI specifies differenti	ly
□ No Bedding	☐ Remove Fo	ood atret	urn at	
☐ No Nesting Material	☐ Remove W	ater atret	urn at	
□ No Enrichment	Other			
COMMENTS:				_
				_
*If requesting EUTHANASIA a comp			he cage tags of all involved cages.	
PERSON MAKING REQUEST:				
PHONE NUMBER: Office/Lab		Home:		
ACCOUNT NUMBER:	UC	AR NUMBER:		
	Vivarium Auth	orization	Date	
	UCAR Autho	rization	Date	