

UNIVERSITY OF ROCHESTER – ANIMAL RESOURCE  
**REQUEST FOR DCM TECHNICAL ASSISTANCE**

*Requests are fulfilled based on DCM technician availability. It is recommended that you submit your request at least one week in advance.*

PI: \_\_\_\_\_ UCAR Number: \_\_\_\_\_ Acct Number: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ REQUESTOR: \_\_\_\_\_ PHONE # (Ofc/Lab/cell): \_\_\_\_\_

Species: ☐ mouse ☐ rat ☐ primate ☐ rabbit ☐ other: \_\_\_\_\_

***Please indicate below (circle) whether your request is for training or if you need the assistance of a technician to complete a procedure for you***

Circle one:    TRAINING (please provide your availability \_\_\_\_\_)  
                  ASSISTANCE (please provide date(s) and time(s) \_\_\_\_\_)

Type (please circle):

SubQ Injection	tail bleed	MRB Isoflurane machine orientation
IM injection	jugular bleed	rodent colony management/breeding
Tail vein inj.	Oral admin./gavage	anesthesia
Retro-orbital inj.	Basic handling/restraint	SR Buprenorphine administration
Other: _____		

Explain (if necessary): \_\_\_\_\_  
\_\_\_\_\_

***If DCM is to perform a procedure for you please provide the following additional information:***

# of animals \_\_\_\_\_ animal room number (or meeting place): \_\_\_\_\_

If someone from your lab will not be present, please include specific rack locations (mice), cage barcode (for mice and rats), animal id, as well as any other relevant cage card or pertinent information:

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For internal use only: UCAR verified	date/time scheduled
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