

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** you must provide a weight range for the animals to be injected**

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:

For internal use only: UCAR verified date/time scheduled