

Rodent Anesthesia Machine Rental

Investigator: _____ Requestor: _____

UCAR# _____ Account# _____

Lab Phone# _____ Location of use _____

Pick up Date and Time _____ Drop off Date and Time _____

Species _____ First time using equipment? (Y or N) _____

Machine# _____

	<u>Pick up (✓)</u>	<u>Drop off (✓)</u>
(2) F-Air Canisters	_____	_____
(2) 19/22mm adaptors	_____	_____
(2) blue evacuation hoses	_____	_____
(1) Diverter	_____	_____
(1) 5ft clear tubing w/ (2) 19mm connectors _____	_____	_____
(1) 5ft clear tubing w/ (1) 19mm connector _____	_____	_____
(1) Induction Chamber	_____	_____
(1) O2 Regulator	_____	_____
(1) E-tank wrench	_____	_____
(1) Mask (mouse / rat)	_____	_____
Additional components needed: _____	_____	_____

Initials _____

Initials _____

Protocol verified **Initials** _____

Reservation entered on calender
and in charges log **Initials** _____

Comments: _____
