

**BREATHING CIRCUIT (MRB)**  
**Reservation Form**

Investigator: \_\_\_\_\_ Requestor: \_\_\_\_\_  
UCAR# \_\_\_\_\_ Account# \_\_\_\_\_  
Lab Phone# \_\_\_\_\_ Procedure Room # \_\_\_\_\_  
Pick up Date and Time \_\_\_\_\_ Drop off Date and Time \_\_\_\_\_  
Species \_\_\_\_\_

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MRB Box # \_\_\_\_\_

	<u>Pick up (✓)</u>	<u>Drop off (✓)</u>
(1) blue evacuation hose	_____	_____
(1) 5ft clear tubing w/ (2) 19mm connectors	_____	_____
(1) 5ft clear tubing w/ (1) 19mm connector	_____	_____
(1) Induction Chamber	_____	_____
(1) Mask (mouse / rat)	_____	_____
	<b>Initials</b> _____	<b>Initials</b> _____

Orientation verified **Initials** \_\_\_\_\_

Protocol verified **Initials** \_\_\_\_\_

Reservation entered in charges log **Initials** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_