

BREATHING CIRCUIT (SMD/ANNEX)
Reservation Form

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

SMD/ANNEX Box # _____

	<u>Pick up (✓)</u>	<u>Drop off (✓)</u>
(2) F-Air Canisters	_____	_____
(2) 19/22mm adaptors	_____	_____
(2) blue evacuation hoses	_____	_____
(1) 5ft clear tubing w/ (2) 19mm connectors	_____	_____
(1) 5ft clear tubing w/ (1) 19mm connector	_____	_____
(1) Induction Chamber	_____	_____
(1) Mask (mouse / rat)	_____	_____
	Initials _____	Initials _____

Orientation verified **Initials** _____

Protocol verified **Initials** _____

Reservation entered in charges log **Initials** _____

Comments: _____
