INVESTIGATOR (As written on cage tag): __________________________________________

ANIMAL ROOM NUMBER: ___________________ SPECIES: __________________________

NUMBER OF CAGES: ___________________ NUMBER OF ANIMALS: ___________________

ANIMAL ID NUMBERS: _________________________________________________________

TYPE OF REQUEST (circle all that apply): PI Fast Vivarium Fast Special Water
Special Food Do Not Report Do Not Clean Water Scheduled Food Scheduled
Special Supplies Needed Other:___________________________________________________

Request Begins:___________________ Request Ends (one year maximum):_________________

Investigators must label cages with a green post-it flag (provided in the room) or a “special water”/ “special diet” sticker which can be obtained from the Vivarium office.

Investigators must write description of special request on chosen label.

Check All That Apply:

☐ Feed 5021 Breeder Chow  ☐ Feed Sulfatrim Chow  ☐ Feed Special Diet: ___________________

☐ Water Sulfatrim: Vivarium will provide 1 gram/liter (2.5 ml/997.5 ml water) Equisol unless PI specifies differently in comments section below

☐ No Bedding  ☐ Remove Food at ____________ return at ____________

☐ No Nesting Material  ☐ Remove Water at ____________ return at ____________

☐ No Enrichment  ☐ Other ___________________________________________________________________

COMMENTS:________________________________________________________________________

__________________________________________________________________________________

*If requesting EUTHANASIA a completed euthanasia sticker must be affixed to the cage tags of all involved cages.

DATE REQUEST SUBMITTED: __________________________

PERSON MAKING REQUEST: ______________________________________________________

PHONE NUMBER: Office/Lab ___________________ Home: _______________________

ACCOUNT NUMBER: ________________________ UCAR NUMBER: _______________________

____________________________________ Vivarium Authorization ________________________ Date

____________________________________ UCAR Authorization ________________________ Date

S:Vivarium\Forms\Special Request Form Modified