

**UNIVERSITY OF ROCHESTER  
DIVISION OF LAB ANIMAL MEDICINE  
RODENT COLONY MANAGEMENT SPECIAL REQUEST FORM**

INVESTIGATOR (As written on cage tag): \_\_\_\_\_

DATE REQUEST SUBMITTED: \_\_\_\_\_

PERSON MAKING REQUEST: \_\_\_\_\_

PHONE # (Office/Lab): \_\_\_\_\_ (Home): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ UCAR NUMBER: \_\_\_\_\_

ANIMAL ROOM NUMBER: \_\_\_\_\_ SPECIES: \_\_\_\_\_

NUMBER OF ANIMALS: \_\_\_\_\_

REQUESTED TIME FOR COMPLETION \_\_\_\_\_

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PLEASE CHECK THE PROCEDURES YOU REQUEST:

**Euthanize (sacrifice)** the following animals:

ID# \_\_\_\_\_  
\_\_\_\_\_

**Pair** the following animals:

ID# \_\_\_\_\_  
\_\_\_\_\_

Perform **tail biopsies** on the following animals:

ID# \_\_\_\_\_  
\_\_\_\_\_

**Retrieve** the following animals:

ID# \_\_\_\_\_  
\_\_\_\_\_

**Other** (please indicate specific instructions here):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_