

## COMPARATIVE MEDICINE TECHNICAL SERVICE ORDER

To be considered, complete this form and email/deliver to the facility manager/supervisor >24 hours in advance of the requested service. Requests received <24 hours in advance may only be filled at the additional cost of \$75/service.

Principal Investigator:  IACUC Protocol #:  Date:

Initiator:  Initiator's Email:  Initiator's Phone:

The Principal Investigator requests that the following animals be provided the technical services described below:

Species, Strain	Quantity	Sex	Age/Weight	Facility/Room #	Rack #									
Technical Service														
<b>Substance Administration</b> (Indicate substance, volume, route, frequency, interval, mixing/storage instructions, PPE and/or precautions)														
<b>Tissue Collection – Ante Mortem</b> (Indicate tissue, volume, collection method, container type, whether to separate, refrigerate, freeze)														
<b>Surgical Support</b> (Indicate whether as anesthetist, patient monitor, surgeon, and/or surgical assistant, whether with catheter placement)				<b>For CompMed Use Only:</b>  Assigned to: _____										
<b>Surgical Assistance:</b> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Pre-op analgesics</td> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> <tr> <td>Perioperative Assistance</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Post-op Observations</td> <td>Yes</td> <td>No</td> </tr> </table>				Pre-op analgesics	Yes	No	Perioperative Assistance	Yes	No	Post-op Observations	Yes	No	Assigned to: _____	
Pre-op analgesics	Yes	No												
Perioperative Assistance	Yes	No												
Post-op Observations	Yes	No												
<b>Imaging Support</b> (Indicate modality, frequency of acquisition, whether with catheter placement)														
<b>Necropsy</b> (Indicate method of euthanasia, list tissues to be collected, fixation, storage requirements)														
<b>Other</b>														

**Special Instructions:**

**Comparative Medicine Facility Manager/Supervisor Use Only, Do Not Complete Below**

<b>Technician Assignment:</b>	<b>Date IACUC-Approval Verified:</b>	<b>&lt;24 Hours Additional Fee:</b>
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