**Special Request for Technical Services**

Send the completed form to the Laboratory Animal Resources Center ([larc@oregonstate.edu](mailto:larc@oregonstate.edu)) or fax to 541-737-5637. **Incomplete forms will be returned to the investigator. Please allow 48 hour turn around for request to be processed.**

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| --- | --- | --- |
| **Date:** | |  |
| **Principal Investigator:** | |  |
| **Phone #:** | |  |
| **ACUP #:** | |  |
| **Bldg/Room:** | |  |
| **Lab Contact:** | |  |
| **Lab phone #:** | |  |
| **After hours contact #:** | |  |
| **Active Date:** | | **Beginning:**       **End:** |
| 1. **Special Diet/Water** (Check applicable)   Special Diet  Water  Animals fed/watered by LARC  Research Staff  Name of Special Diet / Water:  Location where special diet/water will be stored:  Additional Instructions:  **Note:** Special diet and/or water will be provided *ad libitum* by LARC staff unless instructed otherwise. Daily logs must be maintained by research staff if they are responsible for feeding or watering animals. | | | | | |
| 1. **Delayed weaning notification** (when unthrifty mouse strains should stay with dams up to 28 days)   Strain: | | | | | |
| 1. **Euthanasia request:**   Number of cages:       Cage location:  Do you want cage cards saved?  Y  N **Note:** Cage cards must be clearly identified with large **SAC** or **X**. | | | | | |
| **4.** **Cage change-out departures:**  Research staff will remove bedding (toxins, carcinogens, radioisotopes):    Change cages more often (i.e. for diabetic animals): | | | | | |
| 1. **Other:**   Additional Instructions: | | | | | |
| **PI Signature:** |  | | | **Date:** |  |
| **LARC Signature:** |  | | | **Date:** |  |