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| **SERVICES REQUEST FORM** | | | | | | | | | | | |
| **All new and/or revised Service Requests must be submitted by 2:00 pm Monday – Friday via email to Pam Carden. Please cc Eugene Lewis and LaRae Green for BRC requests and Kenyatta Green-Hargrove for Triad requests. Email confirmation that request was received must be obtained before request will go into effect.** | | | | | | | | | | | |
| **Name of P.I**.**(First and Last)**:  Tom Stalnaker | | | | **Protocol #:**  **18-CNRB-108** | **Date Requested:**  **04/05/2021** | | | | **Requested By:**  **Phone #:410-900-0476** | | |
| **Request Start Date:\_\_\_ 04/05 /2021\_\_\_\_\_\_\_**  **End Date: \_\_\_\_06/30/2021** | | | | | **Facility use only**  **Date Completed:**  **/ /** | | | | **Facility use only**  **Completed By:** | | |
| **ANIMAL DATA** | | | | | | | | | | | |
| **Species :**  **Rat** | **Strain :**  **Long Evans** | | **Cage Card #s or Animal Ids:**   |  | | --- | | 221975 | | 221965 | | 221967 | | 221957 | | 221959 | | 221951 | | 221953 | | 221947 | | 221980 | | 221941 | | 221935 | | 221943 | | 221937 | | 221977 | | 221969 | | 221961 | | 221955 | | 221949 | | 221945 | | 221939 | | 221979 | | 221971 | | 221963 | | | | | **Total #:**  **48** | **Room #:**  **708** | | **Sex:**  **M** | **Rack Location:**  **Rack #**  **Side A    or B** |
| **Request for Food/Water Regulation** | | | | | | | | | | | |
| **Description of Request:** *Request for Food Regulation* | | | | | | | | | | | |
| **Indicate parameters by clicking to choose an item, checking boxes, and or filling in blanks. Clarify in Comments.** | | **Limit daily food ration to: Restrict access. 6g/rat/day** | | | | **Presentation:**  Provide food in standard feeder | | | | | |
| **Identify division of responsibility (Feed):**  Research Staff regulates 7 days/week    ( Animal Care will feed between 8:00 am-1:00 pm, weekdays) (8:00 – 11:00 weekends/holidays) Enter time:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Name of Researcher on “Special Fed by” sticker: MCP** | | | | | | | | | |
| **Identify division of responsibility (Water):**  Animal Care staff regulates 7 days/week | | | | | | | | | |
| **Limit daily water access:**  Add water bottle at ­­­\_\_\_\_\_\_\_\_\_ Remove water bottle at \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Enter a time between 8:00 am-1:00 pm, weekdays) (8:00 – 11:00 weekends/holidays) | | | | | | | | | |
| **If water bottle content is low or empty from leakage, contact:**  **Name:\_\_\_\_\_\_\_\_Marios C Panayi\_\_\_\_\_\_\_**  **Telephone # 410-900-0476 or** \_\_\_\_\_\_\_\_\_\_\_\_  If cage is flooded, you will be contacted via phone # and untreated water will be provided after 2 hours if not corrected by research staff. | | | | **Comments:**  **Please do not treat these animals without contacting Marios C. Panayi** [**-mariooosp@gmail.com**](mailto:-mariooosp@gmail.com) **/ marios.panayi@nih.gov – 410-900-0476** | | | | | |
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