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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICES REQUEST FORM** | | | | | | | | | | | |
| **All new and/or revised Service Requests must be submitted by 2:00pm Monday – Friday via email to Pam Carden. 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:**  **03 / 12 / 20** | | | | **Requested By: Marios C Panayi**  **Phone #: 410-900-0476** | | |
| **Request Start Date:\_03/12/20**  **End Date: indefinite** | | | | | **Facility use only**  **Date Completed:**  **/ /** | | | | **Facility use only**  **Completed By:** | | |
| **ANIMAL DATA** | | | | | | | | | | | |
| **Species :**  **Rat** | **Strain :**  **WT** | | **Cage Card #s or Animal Ids:**   |  | | --- | | **218710** | | **218711** | | **218717** | | **218734** | | **218752** | | **218690** | | **218698** | | **218705** | | **218720** | | **218739** | | **218744** | | **218745** | | **218750** | | **218724** | | **218730** | | **218693** | | **218699** | | **218700** | | **218701** | | **218727** | | **218725** | | **218731** | | **218729** | | **218726** | | | | | **Total #:**  **44** | **Room #:**  **708** | | **Sex:**   |  | | --- | | **F** | | **F** | | **F** | | **F** | | **F** | | **F** | | **F** | | **F** | | **F** | | **F** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **M** | | **Rack Location:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **5B** | | **5B** | | **5B** | | **5B** | | **5B** | | **5B** | | **5B** | | **5B** | | **5B** | | **1B** | | **5B** | | **5B** | | **5B** | | **1B** | | **1B** | | **5B** | | **1B** | | **1B** | | **1B** | | **1B** | | **1B** | | **1B** | | **1B** | | **1B** | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Request for Food/Water Regulation** | | | | | | | | | | | |
| **Description of Request:** *Fill in Completely* | | | | | | | | | | | |
| **Indicate parameters by clicking to choose an item, checking boxes, and or filling in blanks. Clarify in Comments.** | | **Limit daily food ration to: # of grams \_\_\_\_ per day or # biscuits or pellets 3 per male rat/ 2 per female rat** | | | | **Presentation:**    Provide food in standard feeder | | | | | |
| **Identify division of responsibility (Feed):**  Research Staff regulates 7 days/week | | | | | | | | | |
| **Name of Researcher on “Special Fed by” sticker: MCP** | | | | | | | | | |
| **Identify division of responsibility (Water):** Animal Care regulates 7 days/week | | | | | | | | | |
| **Limit daily water access:**  ☐ Add 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**  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) **– 410-900-0476** | | | | | |
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