**Instructions for ordering Isoflurane:**

1. Before ordering Isoflurane, one must have an approved IACUC application and a permit to work with animals.
2. Isoflurane can be ordered only after obtaining a written prescription and permit from the WIS’s veterinarian Dr. Shelly Zinamon from the department of veterinary resources and from the safety unit.
3. You should fill in (bellow) the information required and e-mail it to the assigned veterinarian [**shelly.zinamon@weizmann.ac.il**](mailto:shelly.zinamon@weizmann.ac.il)**.**
4. The request will be reviewed and transferred to the safety unit for approval.
5. The safety unit will issue the permit only for those anesthetic machines that have been checked for leaks and approved. Thus, the permit is group specific for the use in the indicated room only.
6. The chemical is assigned to a specific group that received a permit. It is not allowed to share the chemical with other groups or to employees that aren’t authorized to work with the chemical.

**Isoflurane: Standard Operation Procedure**

1. You should comply with the safety unit and the veterinary resources department instructions.
2. Anesthetic machines parts must not be changed without notifying the safety unit (pipes, animal masks, valves, vaporizers, etc.)
3. In a case of a leak in the system, close the system and notify the safety unit.
4. In a case of emergency, please call 2999.

**Request for Isoflurane permit**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name of PI: \_\_Yarden Cohen\_\_\_\_

The procedure is carried out in room/s number \_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that I read, understood and will follow the safety and veterinary resources instructions specified above.

PI’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinary Permit for ordering Isoflurane:**

**Rx**:

Isoflurane 99.9% solution for inhalation, 100 ml bottle.

Number of bottles \_\_\_\_\_\_\_

For the use of animal research only, Weizmann institute, Rehovot.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety permit for ordering Isoflurane**

The permit is valid for the use in room/s number \_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_