

DEPARTMENT OF RESEARCH SERVICES  
GODLEY-SNELL RESEARCH CENTER

**SERVICE REQUEST FORM**

**FAX- 656-0461**

**PLEASE NOTE:**

***Requests for surgical support should be submitted at least 7 days in advance\*.  
All other requests must be submitted at least 24 hours in advance.***

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

Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

AUP No: \_\_\_\_\_ Species: \_\_\_\_\_ Number of Animals: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time Request: \_\_\_\_\_ AM/PM Time Required: \_\_\_\_\_ hrs.

Requested Procedures:

\_\_\_\_\_ Blood Withdrawal \_\_\_\_\_ (Volume in ml.)

\_\_\_\_\_ Injection \_\_\_\_\_ (Route) \_\_\_\_\_ CFA \_\_\_\_\_ IFA \_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_ Euthanasia \_\_\_\_\_

\_\_\_\_\_ Anesthetic/Surgical assistance \_\_\_\_\_

\_\_\_\_\_ Training \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Other instruction or comments:

Requested by: \_\_\_\_\_ email: \_\_\_\_\_

\*Surgical support requests with less than 7 days notice may be scheduled if facilities and support are available.