**Protocol number, PI name, and Department**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Funding (required):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dept. ID #** | **Fund** | **Prgm** | **Project Grant # (if applicable)** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Departmental Billing Officer** | **Phone and Email**  |
|  |  |

**Animal Safety Information:**

 1. Please provide any safety information pertaining to the animals to be dosed by RARC staff. (Ex. biological safety level, human tissues, chemicals given) .

|  |
| --- |
|  |

**Laboratory Contacts:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Email**  | **Office/Lab** | **Cell/Home** |
| **Primary** |  |  |  |  |
| **Secondary** |  |  |  |  |

**Logistics:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Location** | **Species** | **Number of animals** |
|  |  |  |  |  |

**Services Requesting:**

|  |
| --- |
|  |

**Signature:**

I the undersigned have been apprised of the services provided by RARC VS to my research animals. The requirements that are my responsibility have been explained to me, and I agree to abide by the requirements outlined above.

**PI Signature** **Date**

**­­RARC Representative Signature Date**

