

OLAR SPECIAL CARE OR SPECIAL INSTRUCTIONS REQUEST FORM

Instructions: Complete all lines below and submit to Office of Lab Animal Resources (room G186) for approval. **NOTE:** extra charges might apply. A new form must be submitted if there are any changes to the protocol or personnel contact information.

This form is valid for the length of the protocol and must be submitted one week prior to the start of special care/special instruction.

Principal Investigator: _____ Department: _____

Protocol Number: _____ Species: _____

Room #: _____

Start Date: _____ **Protocol End Date:** _____

Weekend/Holiday/After Hours Contact Person: _____

Weekend/Holiday/After Hours Phone #: _____

Special Care or Special Instructions Requested (Please be specific).

If deviation from normal food/water is required, please answer the following questions:

Who will be feeding or watering the animals?	Lab Staff:	OLAR:
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What is the usual time at which food or water is manipulated by the lab? _____

List substance(s) used in the food or water: _____

Describe a contingency plan if the special food or water is found to be insufficient: _____

List details preparation, storage and administration if OLAR is involved in providing special food or water: _____

I understand that OLAR may have to deviate from the special care instructions if necessary.

I agree to pay any extra charges related to this special care.

Principal Investigator Signature: _____ Date: _____

OLAR USE ONLY:

Received: _____	Expires: _____	Vet Staff: _____	Supervisor: _____
Extra Charge? _____	Yes? _____	No? _____	Revised 3/2018