

# VETERINARY RODENT SURGICAL/TECHNICAL REQUEST FORM

Duke University Medical Center, Division of Laboratory Animal Resources

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**PLEASE COMPLETE ALL OF THE INFORMATION BELOW**

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

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

Submitter: \_\_\_\_\_

Protocol Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Fund Code: \_\_\_\_\_

Date Service Requested: \_\_\_\_\_

Species/Strain: \_\_\_\_\_

Start Time: \_\_\_\_\_

Animal ID: \_\_\_\_\_

Housing Location: \_\_\_\_\_

Number of Animals: \_\_\_\_\_

## Procedure(s) Requested

### BLOOD COLLECTION: ("X" applicable items)

Sub-Mandibular

Lateral Saphenous

Intra-cardiac

Tail Vein

Retro-orbital

Other: (specify)

### DOSING/INJECTION TECHNIQUES: ("X" applicable items)

Subcutaneous

Retro-orbital

Intramuscular

Other: (specify)

Intraperitoneal

Oral Gavage

Tail Vein

### SURGICAL PROCEDURES: ("X" applicable items)

Ovariectomy

Thoracic Surgery

Tumor Transplantation

Castration

Vasectomy

Cannulations

Tissue Harvest

Trans-aortic Constriction

Abdominal Surgery

Skin/SQ Surgery Implants

Neonatal Castration

Bile Duct Cannulation

Coratid Ligation

Intracranial Inject

Intratesticular Inj.

Whole body perfusions

Intubation/Ventilator Use

Gastric Tumor Implants

Embryo/Ovarian transfer

Subcutaneous Pellet Implantation

Telemetry Implants

Other: (specify)

### BREEDING: ("X" applicable items)

Record Keeping

Animal Identification

Genotyping

Tissue Biopsy w/ anesthesia

Timed Matings/Plug ✓

Separation for parturition

Culling

Tissue Biopsy w/o anesthesia

Gestation Specific Dams

Weaning

Fostering

Other: (specify)

Sexing

Ordering Cage Cards

Notification of New Litters

Euthanasia

Strain Guided Breeding

Dismantling & Retiring of Breeding Pairs

### MISC. PROCEDURES: ("X" applicable items)

Basic Handling/Restraint

Vaginal Cytology

Microchip Implantation

Rederivation/Superovulation

Radiography

Toe Clipping

Other: (specify)

(Complete question 3 below)

1. Specific conditions of animal to be aware of: (i.e. anemic, zoonotic disease potential, treated w/ vectors)

\_\_\_\_\_

\_\_\_\_\_

2. Specific details of request: \_\_\_\_\_

3. For rederivation, what specific pathogen(s) are to be eliminated: \_\_\_\_\_