

DLAR SURGICAL SERVICE REQUEST FORM

Duke University Medical Center, Division of Laboratory Animal Resources
Box 3180 DUMC, Vivarium, Research Drive
Phone: (919) 684-4171; Fax: (919) 668-1642

- Please submit the completed form five (5) business days prior to the surgery date to ensure that your surgery is not delayed by the time required to process your room and service request. You will be notified by email confirmation or alerted to scheduling conflicts.
- Incomplete forms will be returned prior to processing.
- In certain instances, it will be beneficial to the veterinary staff to conduct a pre-procedural meeting. This is especially true if DLAR technical services are requested. You will be notified by e-mail if such a meeting is required.
- Are there unique aspects of your surgery that the veterinary staff and/or DLAR technical support should be aware of? If so, please attach the description from your approved IACUC protocol.
- If there will be a delay in the procedure start time, notification will need to be given to DLAR veterinary staff within 1 hour of requested time. Otherwise it may need to be rescheduled.
- During protocol review, each PI provides assurance that no procedure will be conducted without prior approval by IACUC. If you have questions about whether or not the planned procedure is compliant with the above referenced protocol, please contact a Compliance Liaison Specialist in the Office of Animal Welfare Assurance (668-6720).

**Do not use this form for procedures that do not involve surgery.
Instead, please complete the Veterinary Technical Service Request Form.**

Date Submitted: _____
Investigator: _____
Submitted By: _____
Phone/Fax/Email: _____
IACUC Protocol No.: _____
Fund Code to be charged: _____

Date Procedure Requested: _____
Type of procedure: _____
Species: _____
Animal I.D.: _____
Start Time: _____
Expected length of procedure: _____

1. Surgery Room Reservation Requested

(Confirmation of room reservation will be emailed)

CTL OR1 OR2

Procedure Room Reservation Required

(Confirmation of room reservation will be emailed)

Prep Room (1210) Prep Room (1018)

Do you require equipment and/or technical services from DLAR? Yes No

2. Equipment Requested:

Anesthesia Machine ECG Portable Scale
 Mechanical Ventilator Bovie Suction
 Heated water blanket Pulse Oximeter Instrument tray (describe below)
 Bair Hugger Fluid warmer Other: _____

3. Service Requested:

Anesthetic induction Intra-op anesthetic monitoring Post-op anesthetic monitoring
 Surgical prep of patient Other: _____

4. Expendables Requested:

Needles and syringes: state gauges and syringe volumes _____
 Fluids: state type and volume required _____
 Drugs: List Below
 Sterile Supplies Other: _____

Drug Name	Dose (mg/kg)	Route

5. Set-up for a Lab/Teaching Course:

(Please provide further detail of service requested below):

of Animals: _____ # of Participants: _____
Other: _____

6. Specific details of request: _____

7. Specific conditions of animal to be aware of (i.e. anemic, zoonotic potential, viral vectors, etc.): _____

- For current pricing and billing information, please contact Arnette Williams, 684-5739.
- Please call Terri Lucas with any questions or concerns, 684-2157.

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