

Tech Service Request Form

Date: _____

PI: _____

Breeding services

- Breeder Cage Set-up
- Inventory of colony
- Identification of pups
 - Ear tags
 - Toe tattoo
 - Ear notching
 - Other: _____
- Tail or ear snips
- Weaning

- Facial bleeds

Injections

- IP
- SQ
- IM
- IV
- Gavage
- other: _____

- Necropsy

Date of Service:

Facility & Room Number:

Protocol Number:

Account number to be billed:

Special Requests:

Any information necessary to perform services (cage card numbers, etc.):

