

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

LABORATORY ANIMAL RESOURCE CENTER

REQUEST FOR SPECIAL SERVICES

Instructions for Laboratory Staff

For special services, you must provide LARC with these written instructions!

- Complete all sections on this form.
- Print legibly.
- When the form is completed, submit to the husbandry manager or supervisor (not the room technician) along with a copy of your current, approved protocol, if necessary.
- The form must be submitted in person, so that you can review the form with your husbandry manager or supervisor. This will help ensure that your instructions can be carried out and that the animals covered by the request are properly identified.

The IACUC must review and approve exceptions to Federal regulations and University policy before LARC can complete your request. Examples of exceptions include restricted diets, fasting, and withholding enrichment. Contact the IACUC office directly (iacuc@ucsf.edu or 476-2197) for any questions or clarification.

Request for Special Services

PI and Protoc														
	COI #:		Requested by (Name	e, Phone, Email, Signature):										
Species:			Building and Room I	Number										
Location of C	'aga(s).			Date (Max. of 2 yrs. after start date):										
Location of C	.agc(s).		Start Date and Life t	Sale (Max. 01 2 yrs. arter start date).										
KEY: (A) C	heck sheet required	(B) Training requir	ed, contact 476-2197	(C) IACUC approval required										
LARC To-do			REQUEST											
	SPECIAL DIET/WATER - LA	•	-											
	Under instructions, specify (1) type of diet/water, (2) frequency of feed/water replacement, AND (3)													
	emergency contacts.													
	NO ENRICHMENT (C): Und		* * *	enrichment for animals.										
	LARC ACTIONS ON BEHALF OF LAB (RECHARGES WILL APPLY)													
	Specify (circle): W	leaning	Euthanasia	Other										
	If Other, under instruction	is, specify (1) LARC a	ction(s) AND (2) frequ	ency of LARC action(s).										
	SAVE CARCASSES IN 4°C F	REFRIGERATOR												
LAB To-do			REQUEST											
				diated, or sterilized to LARC standards										
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	pecial feed (C)		tricted diet / Fasting (A, C)										
				ency of feed replacement, (3) frequency										
	of monitoring of cages, AND (4) emergency contacts. SPECIAL WATER - Lab will provide water (LARC will cap off automatic watering system)													
		-	-											
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	pecial water (A, C)		tricted water / Fasting (A, C)										
	Under instructions, specify (1) type of water / length of fast, (2) frequency of water replacement, (3) frequency of monitoring of cages, AND (4) emergency contacts.													
	LAB WILL CHANGE CAGES		ergency contacts.											
	Under instructions, specify	` '	go changes (o g. Mook	dy/Piwaakly/Othar)										
		y (1) frequency of ca		<u> </u>										
		C). All bushandry di	utiae AND haalth chacl	ks are nortermed by lab statt										
	RESEARCHER CARE (A, B,	<u> </u>		<u> </u>										
		<u> </u>		<u> </u>										
	RESEARCHER CARE (A, B,): Under instruction		<u> </u>										
	RESEARCHER CARE (A, B, OTHER (A, B, C may apply): Under instruction		<u> </u>										
Instructions (U	RESEARCHER CARE (A, B, OTHER (A, B, C may apply): Under instruction		<u> </u>										
Instructions (U	RESEARCHER CARE (A, B, OTHER (A, B, C may apply Jse back page, if necessary): Under instruction)		y action(s).										
Instructions (U	RESEARCHER CARE (A, B, OTHER (A, B, C may apply Jse back page, if necessary	EQUIRED) Phone (A	s, specify (1) laborator	y action(s). #):										
Instructions (Conserved Conserved Co	RESEARCHER CARE (A, B, OTHER (A, B, C may apply Jse back page, if necessary ontacts (Two contacts are R	EQUIRED) Phone (A	s, specify (1) laborator	y action(s). #):										

SPECIAL REQUEST CHECK SHEET

PI:	Pro	toc	ol #:				Contact and Emergency Phone:																								
Facility:	Ro	om #	# :				Month:								Year:																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Check Animals																															
Check/Change Water																															
Check/Change Feed																															
Change Cage																															
Lab Initial																															
Month: Year:																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Check Animals																															
Check/Change Water																															
Check/Change Feed																															
Change Cage																															
Lab Initial																															

Note:

All restricted (non ad lib, limited) feed / water requests require daily checks of feed / water and animals.

All special water requests require at least three checks per week of water and animals.

All researcher care requests require daily husbandry and checks of animals.