

Comparative Medicine Program Technical Services Request Form

Return form to CMP-Health@tamu.edu



Today's Date: _____

PI Name: _____

Email: _____

Phone: _____

Laboratory Contact: _____

Email: _____

Phone: _____

Species: _____ # of Animals: _____ Date(s) Needed: _____

Cage card #s or Animal IDs: _____

Facility: _____

Room: _____

AUP: _____

Account #: _____
(must be entire number [xx-xxxxxx-xxxxx] to fulfill services)

CMP staff will schedule the requested service for the earliest availability.

Advance notification of at least one week is required for specific date requests.

SERVICE REQUESTED

Euthanasia only

Euthanasia with tissue collection

Tissue(s): _____ Container: _____ Solution: _____

Blood collection Exsanguination

Volume: _____ Tube Type: _____ (CMP has only EDTA and Serum Tubes w/no gel)

Administration of medication (*Injectable, Topical, Oral*)

Drug & Concentration: _____ Dose: _____

Route: _____ Once Repeat/Frequency: _____

Identification

Ear tag Ear Notch Microchip Specific #s: _____

Anesthesia assistance

Procedure: _____ Time: _____

Surgical assistance

Procedure: _____ Time: _____

Other

Describe: _____

SPECIAL INSTRUCTIONS:

CMP USE ONLY:

Date: _____ Start time: _____ End time: _____ (record supplies on reverse)

Personnel: _____