

### Request for assistance of lab animal scientist

Date .....

Investigator's name ..... Department/Center.....

Approval number FTM-ACUC ...../.....

Type of animal  Mice  Rat  Guinea pig  Other .....

- Requested activity
- Animal restraint for .....
  - Injection/Infusion (SC / ID / IP / IV ).....
  - Blood/tissue/organ collection.....
  - Gavaging
  - Euthanasia
  - Other, please specify .....

Requested period .....

Remark .....

Sign..... (Investigator)

(.....)

Date.....

Staff only

Sign..... (Lab animal scientist)

(.....)

Date.....

Sign..... (Attending Veterinarian)

(.....)

Date.....