

# RBC Service Request Form

## **Investigator Information**

PI Name:

Department:

Contact Name:

Phone:

Email:

## **IACUC Information**

Protocol Number:

Expiration Date:

## **Behavior Information**

Behavioral Tests Required:

☐ Balance Beam

☐ Coordinated Assessment

☐ Functional Observation Battery

☐ Morris Water Maze

☐ Open Field Activity

☐ Rotarod

☐ Conditional Avoidance

☐ Elevated Plus Maze

☐ Grip Strength

☐ Novel Object

☐ Radial Arm

☐ Sleep-Wake Activity Monitoring

Quote request needed? ☐

Account #

Current housing location:

Please check this box to confirm that any needed transportation to and from the Bio-Pharm building will follow IACUC policies. ☐

If your mice are not located in the Bio-Pharm building, DLAR will transport them. Please use this service request form:

<http://www.research.uky.edu/dlar/documents/DLARServicesRequestForm2012.pdf>

## **Mouse Strain Information**

Strain:

Background:

Number of animals being tested: M  F

Have these animals ever been administered hazardous compounds? Y ☐ N ☐

Will animals be treated with drugs or undergo surgery or post op care while in the RBC?  
Y ☐ N ☐

If yes, please explain:

If your animals are transgenic or knockouts, are there any known deficits or strain issues that the RBC staff needs to be aware of? Y ☐ N ☐

If yes, please explain:

Are there any housing/food/health requirements? Y ☐ N ☐

If yes, please explain:

Comments/Questions: