DEPARTMENT OF LABORATORY ANIMAL MEDICINE

REQUEST FOR EUTHANASIA BY DLAM PERSONNEL

NAME OF INVESTIGATOR: _______________________     PROTOCOL #: _________________________

DATE: _____________________________    TIME POSTED: ______________________________________

DEPARTMENT: ___________________________________________________________________________

REQUESTOR NAME: ______________________________________________________________________

REQUESTOR SIGNATURE: _________________________________________________________________

ANIMAL INFORMATION

SPECIES: _____________________________________    ROOM NO: ________________________________

*NUMBER OF ANIMALS TO BE EUTHANIZED: _______________________________________________

*NUMBER OF CAGES TO BE EUTHANIZED: _________________________________________________

ANIMAL I.D. NUMBERS: ___________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

*REQUESTOR WILL PLACE AND “X” ON CAGE CARDS OF ANIMALS TO BE EUTHANIZED AS A DOUBLE CHECK. NO ANIMAL WILL BE EUTHANIZED WITHOUT AN “X” ON ITS CAGE CARD.

NAME OF DLAM PERSONNEL DOING EUTHANASIA: _______________________________________

SIGNATURE OF DLAM PERSONNEL DOING EUTHANASIA: ______________________________________

MUST BE ON GREEN PAPER

DATE EUTHANIZED: _____________________     NUMBER OF ANIMALS: ________________________