

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 EUTHANSIA: _____

SIGNATURE OF DLAM PERSONNEL DOING EUTHANASIA: _____

MUST BE ON GREEN PAPER

DATE EUTHANIZED: _____ NUMBER OF ANIMALS: _____