



Department of Laboratory Animal Medicine

REQUEST FOR SWINE FOOD RESTRICTION (Print on Yellow Paper)

NAME OF INVESTIGATOR: _____ PROTOCOL #: _____

REQUESTOR NAME: _____ DATE: _____

REQUESTOR SIGNATURE: _____

ANIMAL INFORMATION

ROOM NO: _____

I.D. NUMBERS OF ANIMALS: _____

DATE TO RESUME FEED: _____ TIME: _____

***REQUESTOR MUST SUBMIT FORM AT LEAST THE BUSINESS DAY PRIOR TO REQUEST DATE. DLAM PERSONNEL WILL RECEIVE FORM AND HANG A "DO NOT FEED" TAG ON SPECIFIED CAGE(S)**

DATE POSTED: _____

PRINT NAME OF DLAM PERSONNEL: _____

SIGNATURE OF DLAM PERSONNEL PROCESSING REQUEST: _____