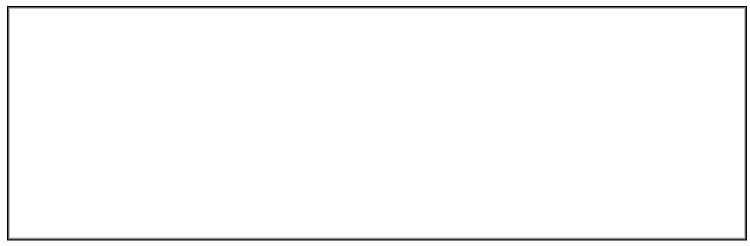
Department of Comparative Medicine IVS Core Service Request Form

Principal Investigator, Protocol, and Budget Inform	nation
Today's Date:	
Principal Investigator:	
Department:	Box #:
Email:	Phone:
Protocol #:	Budget #:
Lab Contact Name:	
Lab Contact Email:	Lab Contact Phone:
Mouse Cohort Information	
Strain Name:	
Number of mice to be tested:	
will be ordered from NIA or an approved ve	endor: Yes No
Current housing location of mice if not being order	red:
are naïve (only been subjected to genotypi	ng, and/or blood sampling):
have been subjected to other procedures o	on PI's protocol: Yes No
Services Requested	
The IVS Core staff must be added to your ap Metabolic Testing: QMR	ved on requesting investigator's IACUC protocol. oproved protocol before work commences.
☐ Calorimetry (Collaborators Only)	
Behavioral Testing: Radial Water Tread Maze Mobility (Open Field Activity) Rotarod	☐ Long Term Memory Test Requested☐ Special Parameters Requested☐ Special Parameters Requested
Exercise Testing:	
Grip Strength	Special Parameters Requested
☐ Treadmill	Special Parameters Requested
Running Wheels (Collaborators Only)	Special Parameters Requested
Technical Procedures:	
Injections	☐ Blood Sampling
Colony Management	5.000 Gamping

Notes:	
<u>Study</u>	
<u>Protocol</u>	
Service Charge Standard colony management service charge of \$59.40 per hour.	
Standard colony management service charge of \$55.40 per nour.	

Special Services:



Form updated 8/15/15