

LAR Technical Service Request (revised 10-9-14)

Routine Requests must be submitted by 12:00 noon 2 business days before service is needed.*
 Submit completed forms via email as an attachment to: lartechservice@ncsu.edu
 View LAR website for more information including policies and procedures: <http://www.cvm.ncsu.edu/lar/>
Check Requested Service (provide animal information and other details below)

<input type="checkbox"/> NPO Drinking water will not be removed unless requested.	Date to Remove Food:		Time to Remove Food:		<input type="checkbox"/> AM <input type="checkbox"/> PM
	Date to Return Food:		Time to Return Food:		<input type="checkbox"/> AM <input type="checkbox"/> PM

<input type="checkbox"/> Animal Transport	Delivery Date:		Delivery Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
	Return Date :		Return Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM

<input type="checkbox"/> Supplies	<input type="checkbox"/> Transport Cart		<input type="checkbox"/> Blankets/Towels		
	<input type="checkbox"/> Carrier/Crates		<input type="checkbox"/> Other (Specify) _____		
	Date Supplies are Needed:		Time Supplies are Needed:		<input type="checkbox"/> AM <input type="checkbox"/> PM

<input type="checkbox"/> Manpower	<input type="checkbox"/> Weighing		<input type="checkbox"/> Grooming		
	<input type="checkbox"/> Carcass Disposal		<input type="checkbox"/> Other (Specify) _____		
	Date Services are Needed:		Time of Service Needed:		<input type="checkbox"/> AM <input type="checkbox"/> PM

<input type="checkbox"/> Cage Wash	<input type="checkbox"/> Carriers		<input type="checkbox"/> Transport Carts		
	<input type="checkbox"/> Cage banks		<input type="checkbox"/> Other (Specify) _____		
	Pick Up Date :		Pick Up Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
	Return Date :		Return Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM

<input type="checkbox"/> Standing Request	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly
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Animal Information:

Animal's Location	Cage Card # / Species / Name (if applicable)	Other ID# (Tattoo/Microchip etc.)

Instructions/Comments:

Principal Investigator (s): _____

Protocol #: _____ Account (s) # to charge: _____

Contact Information for this request: _____

Requester's Signature : _____ Date: _____

*Requests for services outside of regular business hours (including holidays), as well as other non-routine requests (e.g., need for multiple personnel, large blocks of time or training), should be submitted at least one full week in advance of requested service.
 **Veterinary Service requests (e.g., post op care/monitoring, clinical case management) must be submitted to LAR veterinary services.
 Visit the LAR website for additional information on this program.

LAR Use Only:	
Mileage Charge	Req#
Time-Normal(h:m)	Req#
Time-Weekend/Hol(h:m)	Req#
Supply Charge	Req#