

**Central Procedures Laboratory (CPL)  
Service Request Form**

A member of LAR Veterinary Services will use your answers to the questions below to schedule your procedure and generate a budget estimate for your project with the CPL. You may be contacted for further information in order to aid us in providing the best service to you. Please note that dates will be subject to availability of rooms and technical staff, if the date(s) you requested are not available you will be contacted directly by CPL.

Submit this form and any attachments to: [larvetservice@lists.ncsu.edu](mailto:larvetservice@lists.ncsu.edu)

\*\*\*\* To better serve your needs, please submit forms at least 2 weeks prior to your anticipated procedure date\*\*\*\*

**General Information**

Principle Investigator: \_\_\_\_\_

Protocol Number<sup>1</sup>: \_\_\_\_\_

Account Number (for billing)<sup>2</sup>: \_\_\_\_\_

UVIS Number (for billing)<sup>3</sup>: \_\_\_\_\_

Funding Source:

Direct Sponsor \_\_\_\_\_

Prime Sponsor \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Animal Species: \_\_\_\_\_, Estimated weight: \_\_\_\_\_

<sup>1</sup> All procedures must be listed in your approved IACUC protocol. CPL will ONLY provide support for approved procedures

<sup>2</sup> This account number will be used for billing; billing will be submitted at the end of every calendar month

<sup>3</sup> A UVIS account is necessary for supplies or services provided by the CVM, outside of CPL (central supply, clinical pathology, pharmacy). CPL will only provide supplies and pharmaceuticals that it routinely keeps in stock. If you would like CPL to provide items not routinely stocked by CPL, your UVIS number will be directly billed for the item and technical labor to acquire these items will be billed.

**What CPL services would you like to use?**

Check all that apply and complete the corresponding sections

\_\_\_ Procedure/Research Room – complete section A

\_\_\_ Operating Room – complete section B

\_\_\_ Recovery Room – complete section C

\_\_\_ Technical Support – complete section D

\_\_\_ Pharmaceuticals – complete section E

\_\_\_ Radiology – complete section F

\_\_\_ Storage – complete section G

\_\_\_ Ancillary Support (laundry service, sterilization, etc.)

Please list \_\_\_\_\_

**For more information visit: <http://www.cvm.ncsu.edu/lar/cpl.html>**

### Section A: Procedure/Research Room Request

1. Date(s) requested: \_\_\_\_\_
2. Supplies<sup>3</sup> you would like CPL to provide and stock in room
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

### Section B: Operating Room Request

1. Date(s)
  - Date 1: \_\_\_\_\_ Procedure: \_\_\_\_\_ Recovery: Yes  No   
Number of Animals: \_\_\_\_\_ Est. total surgical time: \_\_\_\_\_
  - Date 2: \_\_\_\_\_ Procedure: \_\_\_\_\_ Recovery: Yes  No   
Number of Animals: \_\_\_\_\_ Est. total surgical time: \_\_\_\_\_
  - Date 3: \_\_\_\_\_ Procedure: \_\_\_\_\_ Recovery: Yes  No   
Number of Animals: \_\_\_\_\_ Est. total surgical time: \_\_\_\_\_
  - Additional: \_\_\_\_\_  
\_\_\_\_\_
2. Supplies<sup>3</sup> you would like CPL to supply (provide additional information if requested)
  - Sterile Surgical Instruments: Yes  No   
Surgical pack should include: \_\_\_\_\_  
Surgeon Preparation and Attire: Yes  No   
Number of surgeons\_\_\_\_, Glove Sizes\_\_\_\_, Gown Sizes\_\_\_\_
  - Disposables
    - Venous catheter placement: Yes  No
    - Blood collection or injections: Yes  No
    - Fluid administration Yes  No  Type \_\_\_\_\_ Size \_\_\_\_\_
    - Irrigation Yes  No  Type \_\_\_\_\_ Size \_\_\_\_\_
    - Suture Yes  No  Type \_\_\_\_\_ Size \_\_\_\_\_ Number \_\_\_\_\_
    - Blades Yes  No  Size \_\_\_\_\_ Number \_\_\_\_\_
    - Cautery Yes  No
    - Inhalant anesthesia Yes  No  Type \_\_\_\_\_
    - Bandaging Yes  No , explain \_\_\_\_\_
  - Other Items:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Monitoring equipment
  - Standard monitoring: SPO2, ETCO2, NIBP, Temp, HR, ECG
  - Other: \_\_\_\_\_

### Section C: Recovery Room Request

1. Use of recovery room corresponds to procedures described in Section B: Yes  No   
If no provide requested dates and describe use: \_\_\_\_\_  
\_\_\_\_\_
2. Special request items (for example non-standard caging or supplies<sup>3</sup>)  
\_\_\_\_\_

### Section D: Technical Support

1. Procedure: \_\_\_\_\_, Date: \_\_\_\_\_
2. Procedure: \_\_\_\_\_, Date: \_\_\_\_\_
3. Procedure: \_\_\_\_\_, Date: \_\_\_\_\_
4. Procedure: \_\_\_\_\_, Date: \_\_\_\_\_
5. Other support requested:
  - Animal transportation/delivery \_\_\_\_\_
  - Equipment transportation/delivery \_\_\_\_\_
  - Project management \_\_\_\_\_
  - Post-op care \_\_\_\_\_
  - NPO \_\_\_\_\_
  - Housing/Husbandry in CPL \_\_\_\_\_

### Section E: Pharmaceutical<sup>3</sup>

1. Drug \_\_\_\_\_, Dose \_\_\_\_\_, Date needed \_\_\_\_\_
2. Drug \_\_\_\_\_, Dose \_\_\_\_\_, Date needed \_\_\_\_\_
3. Drug \_\_\_\_\_, Dose \_\_\_\_\_, Date needed \_\_\_\_\_
4. Drug \_\_\_\_\_, Dose \_\_\_\_\_, Date needed \_\_\_\_\_
5. Additional drugs \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Controlled substances not stocked by CPL CANNOT be supplied by CPL, if you list a controlled substance not stocked by CPL we will contact you directly to aide in obtaining this drug.

### Section F: Radiology (include RIS info with procedure description)

1. Procedure: \_\_\_\_\_, Date: \_\_\_\_\_
2. Procedure: \_\_\_\_\_, Date: \_\_\_\_\_
3. Procedure: \_\_\_\_\_, Date: \_\_\_\_\_

### Section G: Storage

1. Estimated beginning date: \_\_\_\_\_ and length of time: \_\_\_\_\_
2. Items to be stored: \_\_\_\_\_  
\_\_\_\_\_