

Place at least **2 WEEKS**
before the service is to be
performed.

OLAC RESEARCH SERVICE REQUEST

Instructions on reverse

Request #:

A. PI/ ORDER			
LAB REQUESTOR: _____	PHONE: _____	FAX _____	DATE: _____
EMAIL: (REQUIRED FOR CONFIRMATION) _____			
P.I.: _____	DEPARTMENT: _____	PROTOCOL No: _____	
SPECIES: _____	LOCATION: _____	NAF _____	LSA _____ No. OF ANIMALS: _____
PICKUP/DROPOFF LOCATION FOR BLOOD PRODUCTS/ANTIGENS:		161 LSA	205 NAF OTHER _____
REQUESTED PROCEDURE DATE: 1.) _____		2.) _____	3.) _____ NEXT AVAILABLE DATE

B. BILLING							
BU	BFS ACCT 56632	FUND	ORG	PROG	PROJECT	FLEX	SPEEDTYPE

DEPARTMENTAL AUTHORIZATION FOR USE OF THIS ACCOUNT

AUTHORIZED BY: _____ SIGNATURE: _____ DATE: _____

C. SERVICE – COMPLETE BOX 1, 2, 3, OR 4			
1. <input type="checkbox"/> BLEED <input type="checkbox"/> TERMINAL BLEED <input type="checkbox"/> QUARANTINE			
VOLUME TO BE DRAWN (ml)	BLOOD <i>circle one</i> WHOLE SERUM	SEP SAMP - <u>RODENTS</u> <i>circle one</i> YES NO	Quarantine Sentinel Evaluation <input type="checkbox"/>

2. <input type="checkbox"/> EUTHANASIA ONLY	FOR EUTHANASIA AND TERMINAL BLEEDS
SPECIAL INSTRUCTIONS	PERSON TO CONTACT FOR CONFIRMATION OF THE PROCEDURE (3 PM-5 PM THE DAY BEFORE OR 9 AM TO 12 NOON ON THE DAY OF THE PROCEDURE)
	CONTACT NAME: _____ PHONE: _____
	OLAC USE ONLY - CALL MADE BY (PRINT NAME) _____

3. <input type="checkbox"/> INJECTIONS			
VOLUME TO BE INJECTED (ml)	ROUTE OF ADMINISTRATION <i>check one</i>		SPECIAL INSTRUCTIONS
	<input type="checkbox"/> SUBQ <input type="checkbox"/> IM	<input type="checkbox"/> IP <input type="checkbox"/> IV	<input type="checkbox"/> PLN REG <input type="checkbox"/> PLN SUR

4. <input type="checkbox"/> EAR NOTCH <input type="checkbox"/> TATTOO <input type="checkbox"/> ULTRA SOUND <input type="checkbox"/> SCREEN POOL SERUM <input type="checkbox"/> SURGERY SUITE, <input type="checkbox"/> NAF or <input type="checkbox"/> LSA			
SPECIAL INSTRUCTIONS			

D. CAGE OR ANIMAL ID NUMBER		
①	④	⑦
②	⑤	⑧
③	⑥	⑨

E. CONFIRMATION – FOR OLAC USE ONLY		
FORM WAS: <input type="checkbox"/> FAXED <input type="checkbox"/> MAILED/DROPPED OFF SCHEDULED BY: _____		
WORK COMPLETED BY: _____ DATE: _____ TIME: _____		
WHEN PICKING UP BLOOD OR SERUM, PLEASE SIGN BELOW:		
RECEIVED / PICKED-UP BY: _____ DATE: _____ TIME: _____		

INSTRUCTIONS FOR COMPLETING THE *OLAC RESEARCH SERVICE REQUEST*

- ✓ Complete sections A through D.
- ✓ Print clearly or type.
- ✓ Forms are available from the OLAC order desk.
- ✓ An incomplete or illegible form will be returned to the sender..
- ✓ To place an order, either
 fax the form to 3-0886 (in which case you should not also mail the original), or

drop it off at or mail it to: Attn: Order Desk

OLAC
203 NAF # 7150

- ✓ Telephone orders are not accepted.

Section A. Fill in this section completely.

- ☞ The pickup/dropoff location for blood products/antigens may be left blank if this information does not apply.
- ☞ To schedule the research service: Fill in the primary date ❶ to indicate the preferred date. If the procedure cannot be scheduled on this date, we will attempt to schedule it on the secondary date ❷. If NEXT AVAILABLE DATE is checked, we will schedule the procedure for the first available date if it cannot be scheduled by either the primary or secondary date.
- ☞ The OLAC Order Desk will contact the Lab Requestor regarding the final scheduling status of the request.

Section B. Fill in this section completely to provide billing information.

Section C. Complete one of sections 1, 2, 3, or 4.

- ☞ In section 1, SEP SAMP - RODENTS may be left incomplete if you do not require this service.
- ☞ If either Terminal Bleed or Euthanasia are selected, complete the section FOR EUTHANASIA AND TERMINAL BLEEDS.

Section D. Complete this section to identify the animals or cages the procedure is to be conducted upon.

- ☞ Write one cage or animal id number in each space.

Section E. Do not fill in any of this section.