## SOM DAR: Cage Label Request - Weaning

<table>
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<tr>
<th>Protocol</th>
<th>Prefix</th>
<th>Reference #</th>
<th>Suffix</th>
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### Species

(circle or check one)

- _____ Mouse/ Segment#____
- _____ Rat / Segment# _____

### Pain Category

NA (only option - already completed, cannot change)

### Strain/Stock/Breed (Optional)

### Label Request Date

MM/DD/YY

### Planned Dates of Weaning

(start to end date – MAX 2 weeks!)*

MM/DD/YY | MM/DD/YY

### Location

(Check or Highlight)

- ___Clinic B-Tunnel
- ___Clinic B-3rd Floor
- ___HSRB
- ___Pediatrics
- ___Rollins
- ___Whitehead
- ___Woodruff

### Room or Rack # (optional)

### Vendor

[EU_DAR]: Weaning (only option - already completed, cannot change)

### Cage Type

(Check or Highlight one. If you do not know, leave blank)

- ___Mouse ABSL2
- ___Mouse ABSL3
- ___Mouse EBS
- ___Mouse Micro Autowater
- ___Mouse Microisolator
- ___Mouse Quarantine
- ___Mouse Quarantine Sterile
- ___Mouse Sterile
- ___Mouse Sterile ABSL2
- ___Mouse VAF Autowater
- ___Mouse VAF ABSL2
- ___Mouse VAF Microisolator
- ___Rat
- ___Rat Quarantine
- ___Rat Sterile/Biohazard

### Department

### Per Diem Staff Account*

PI of Grant | Speed Type #

### Requested By

### Animal Owner (Optional)

### Birth Date (Optional)

MM/DD/YYYY

### Total Cage Labels Requested

### Total Animals to be deducted*

(if using an avg/cage use whole numbers – ie: 3/cage not 3.5/cage)

These animals are newly added to research and I understand that they will be deducted from the Protocol Authorized Numbers

### Signature

* Note the labels do not expire but the Speed types and Protocol may expire. Continue to use for your animals and request transfer/reprint of labels if the above information changes.

LMR 04/12/2018