

Animal Resources

Surgery Room Resource Request Date: ____ / ____ / ____

Contact Person _____ Phone: _____

Dept/Organization: _____

Campus P.I.: _____ Phone: _____

Surgeon/Rep: _____

Date Requested: ____ / ____ / ____ ==> M T W Th F Sat Sun

Lab Start Time: _____ am / pm # Tables: _____ # Hours per Animal _____

Procedure to be Done: _____

Surgery Site: ROLLINS C / ROLLINS D / S.CLINICS (EYE) / WMB / Necropsy

Account Number: ____ - _____ -8536 or

Billing Address: _____

ANIMAL INFORMATION:

Animals: _____ Species: Pigs / Dogs / Sheep / Primates / Rabbits / _____

Protocol # _____ Are the animals already @ Emory? Yes / No

ID Numbers: _____ , _____ , _____ , _____ , _____ , _____ , _____

Sex: M / F / E Specifications/Weight or Age: _____

ADDITIONAL SURGERY INFORMATION:

Special Prep Requirements: * Bowel Prep
* BP Monitoring
* NPO Hours: _____
* _____
* _____
* _____

Area to be prepped: _____

Position of Animal: Head ---> Up / Down
Head / Feet ---> Towards Monitor

Is CONFERENCE ROOM Needed? _____ **YES** _____ **NO**

Time Requested: *Begin* _____ *End* _____ *last created 12/11/00*