

Technical Services Request

National Institute of Neurological Disorders and Stroke (NINDS) Animal Health Care Section (AHCS)

Please return completed form to the Technical Supervisor a minimum of 3 Business Days prior to requested completion date.

This form can be emailed to the NINDS AHCS Techs account at nindsahcstechs@ninds.nih.gov OR dropped off at Building 35, Room BBC-110.

Services will be provided on a first come first serve basis. Requests will be scheduled as quickly as possible after receipt but are typically being completed within 3-6 days after receipt. Technical services are not provided on weekends or holidays. If we are unable to schedule your request for the timeframe specified you will be contacted to discuss alternatives. For further assistance or questions please call North Tech Office at 301-451-0981 OR email nindsahcstechs@ninds.nih.gov.

Section A: General Information

Date of Request: _____ Principal Investigator: _____ IC: _____ ASP Number: _____
Individual Requesting Service: _____ Telephone Number: _____ Alternate Number: _____
Email Address: _____

Section B: Services Requested

(Please do not combine requests for unrelated groups of animals or procedures e.g. do not combine special diet requests with injection requests.)

Specify services below by checking the boxes and writing additional instructions in the space provided.

Special or Restricted Diet or Water * Cage(s) located in Room Number: _____ How many cages?: _____ (add cage info to 'Instructions' box below)
Details for the provision of special diet/water or restriction of diet/water (i.e. who provides, storage, special housing requirements, etc.) need to be arranged in advance with Facility Management.

Start Date: _____ Stop Date: _____

Injections * Cage(s) located in Room Number: _____ How many cages?: _____ (add cage info to 'Instructions' box below)
Date(s) Needed: _____ Solution for Injection: _____ Please provide additional instructions for injection(s) below (e.g. route, volume/dosage, frequency).

Investigator Training Request Date Training Needed By: _____ Training with which species? Mouse Rat

Type of procedure that training is being requested for: _____

Other (provide description below) * Date Needed: _____ Cage(s) are located in Room Number: _____

Instructions for the Requested Services:

Please include **Cage Card Number, Rack Number, Rack Side and Cage Slot (Row, Column)** for all cages. Without this information your request may not be able to be completed.

* Requested services must be part of your approved Animal Study Protocol. Additional information may be requested before the request is completed. A meeting with a Facility Veterinarian and/or Facility Management may be required prior to your request being completed.

ADMINISTRATIVE USE ONLY

Technical Supervisor Signature and Date _____ Requested services verified in approved ASP by / on _____ Room Vet Notified of Request by / on (when applicable) _____

Signature of AHCS Personnel Performing Service: _____ Date Request Completed: _____

Total Length of Time: _____ Number of Cages Serviced: _____ Number of Animals Serviced: _____