

Department of Comparative Medicine
IVS Core Service Request Form

Principal Investigator, Protocol, and Budget Information

Today's Date:

Principal Investigator:

Department:

Box #:

Email:

Phone:

Protocol #:

Budget #:

Lab Contact Name:

Lab Contact Email:

Lab Contact Phone:

Mouse Cohort Information

Strain Name:

Number of mice to be tested:

will be ordered from NIA or an approved vendor:

Yes No

Current housing location of mice if not being ordered:

are naive (only been subjected to genotyping, and/or blood sampling):

Yes No

have been subjected to other procedures on PI's protocol:

Yes No

Services Requested

**All procedures must be described and approved on requesting investigator's IACUC protocol.
The IVS Core staff must be added to your approved protocol before work commences.**

Metabolic Testing:

QMR

Calorimetry (Collaborators Only)

Behavioral Testing:

Radial Water Tread Maze

Long Term Memory Test Requested

Mobility (Open Field Activity)

Special Parameters Requested

Rotarod

Special Parameters Requested

Exercise Testing:

Grip Strength

Special Parameters Requested

Treadmill

Special Parameters Requested

Running Wheels (Collaborators Only)

Special Parameters Requested

Technical Procedures:

Injections

Blood Sampling

Colony Management

Special Services:

Notes:

Study

Protocol

Service Charge

Standard colony management service charge of \$59.40 per hour.

Form updated 8/15/15