**Request for Technical Services from the CCMR**

*All costs are based on actual time taken to complete the request with a minimum charge of 30 minutes per request; please refer to the Per Diem rates found in the* [*RAPPORT HUB*](https://hub-rapport.dartmouth.edu/hub/) *(use Chrome for browser) in the grant writing section. This form should be completed by the requestor and submitted to* [*Veterinary.Staff@Dartmouth.edu*](mailto:Veterinary.Staff@Dartmouth.edu?subject=Request%20for%20CCMR%20Services)*. Please complete all items below, incomplete forms will be returned to the requestor.*

Requestor name:

PI/Lab:

Phone number:

Requestor email:

Date/time requested:

One-time request **OR** On-going request

Account number to charge for services:

Billing contact:

Requested equipment:

***Please select all requested services and provide cage card and room number (s):***

|  |  |
| --- | --- |
| **Services and Training** | **Notes (please provide cage card and room numbers, any pertinent identification information and any special instructions).** |
| Collection, Blood – Retro-orbital |  |
| Collection, Blood – Sub-mandibular puncture |
| Collection, Blood – Tail sniping |
| Collection, Tissue |
| Breeders, set up |
| Gavage – Oral |
| Injections – ID |
| Injections – IM |
| Injections – IP |
| Injections – SQ |
| Injections – Retro-orbital |
| Injections – Tail vein |
| Punching – Ear |
| Splitting |
| Tagging – Ear |
| Tailing |
| Tattoo – Tail |
| Training – Anesthesia |
| Training – Specialized Surgery (i.e., port placement) |
| Tumors – Measurements |
| Weaning |
| Weighing |