**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**. 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):***

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| **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 |