



ULAM IN-VIVO ANIMAL CORE

UNIVERSITY OF MICHIGAN

Technical Services Request Form

North Campus Research Complex
2800 Plymouth Road B36/G157

Ann Arbor, MI 48109-2800

IVAC Manager: (734) 647-0731

Email: ulam-techservices@umich.edu

INSTRUCTIONS

Please fill out the sections below as indicated. **Submit the completed form to ulam-techservices@umich.edu.** *Two weeks advanced notice is preferred for all service requests. If less than two weeks, please inquire ASAP to determine staffing availability.*

** Please Note **

All protocols and amendments with specific services to be performed must be approved prior to submitting a request. ULAM Technical Services Team must be listed as personnel (under *Procedures* section of IACUC protocol) to perform requested service. Contact the Animal Care & Use Office at (734) 763-8028 for more information on adding personnel to an animal use protocol.

REQUESTING LABORATORY INFORMATION

Contact Information	Services/Procedures Requested	Special Notes
PI:		
Shortcode:		
Protocol #:		
Protocol Expiration Date:		
Main Contact Phone #:		
Main Contact Alternate Phone #:		
Main Contact Email Address:		
If this is a mouse project, is it related to metabolic disease? (check one) ✧ Yes No		Do you have a Mouse Metabolic Phenotyping Center (MMPC) order number? ✧ Yes (please include number here) _____ No

✧ Mouse projects related to metabolic disease may qualify for support from the NIH MMPC Grant. Visit mmpc.med.umich.edu to complete an MMPC order request. The MMPC order number can be added to this form or provided while work is in progress. ✧

Please Indicate:

Are the protocol and any amendments IACUC-approved, and is the requested service listed on the protocol:	Yes	No*
Is the ULAM Technical Services Team listed and approved to handle animals on this protocol:	Yes	No*

***If the answer to either question is NO, then ULAM Technical Services cannot perform the request. Please make the necessary amendments prior to re-submitting your request. Contact the Animal Care & Use Office for more information on protocol amendments.**

SERVICES INFORMATION

Service / procedure:		Location (building and room number):	
Species (with approximate age of animals):		Number of animals:	
Number of times to be performed:		Method of ID of cages/animals:	

[View ULAM Rates](#)

Email completed form to ulam-techservices@umich.edu



PROTOCOL DESCRIPTION OF PROCEDURE(S) / SERVICES

This area must be copied and pasted directly from the approved protocol. Only include information that pertains to the services you are asking ULAM to perform for you.

PROCEDURES

DRUGS / EXPERIMENTAL AGENTS AND ROUTE (IF USED)

BLOOD COLLECTION LOCATIONS AND AMOUNT TO BE COLLECTED (IF REQUESTED)

HAZARDOUS SUBSTANCES (IF USED)

OTHER