

Anesthetic Machine Service Authorization Form

***send back to Carolyn Kuenz (ckuenz@med.umich.edu)
in the Animal Care & Use Office to be signed up for service***

Principal Investigator _____
Lab Contact _____
Email Address _____
Phone Number _____
Shortcode Account to be Charged _____
Location of Anesthesia Machine _____

This authorization form is for the following services:

Certification of performance inspection. Includes:

1. Pressure check to determine leaks. Minor leaks will be repaired.
2. An analyzer will be used to confirm correct output of anesthetic gas.
3. Flow rate will be checked and adjustments made.

In house repairs and/or additional charges related to repairs

(Certification will NOT be issued if these minimum requirements are not met)

Machine type:

Large re-breathing system with CO₂ absorber:

Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____

Rodent vaporizer system:

Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____
Model _____	Serial # _____