



Anesthetic Machine Service Authorization Form

**send back to ULAM Business Operations Manager
Lisa Ludwig (liludwig@umich.edu) to be signed up for service**

Principal Investigator _____

Lab Contact _____

Email Address _____

Phone Number _____

Account Number to Be Used _____

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 # _____