

## Rodent Euthanasia Request Form

Date: \_\_\_\_\_ Species: \_\_\_\_\_

Requested by: \_\_\_\_\_ PI: \_\_\_\_\_

Facility: \_\_\_\_\_ Room: \_\_\_\_\_ Rack: \_\_\_\_\_

# of cages or animals: \_\_\_\_\_ Recharge ID #: \_\_\_\_\_

**FOR DLAM USE ONLY: Room Health Status: \_\_\_\_\_**

**Date Completed: \_\_\_\_\_ Tech: \_\_\_\_\_**

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