

Special Care Request

CORRESPONDENCE

Correspondence to identify & implement any changes from normal animal care services such as: Special Diet, Special Water, Water Restriction, Feed Restriction, Do Not Feed, Special Caging, Special bedding, Cage Change Restriction, etc.

Submit preferably 72 hrs before effective date.

- BUMC campus-email buasc@bu.edu or fax 617-638-4055
- CRC campus: lacf-list@bu.edu or fax 617- 638-4055

PRINCIPAL INVESTIGATOR

PI Name	Protocol	Building	Room #
Racks	Cage ID #(s)	Effective Date of Request	Termination Date
User/Requester Name	Date	Phone	Email

SPECIAL CARE ACTIONS PERFORMED BY

PI/User	Including placement of Special Care Instruction cage card(s) on cage(s).
BUASC	Cards available in the animal room(s)

SPECIFY CHANGES REQUESTED

Special Water

Special Diet

Do not feed

Restricted Feed/Water, as follows:

Special Bedding, as follows:

Other and/or added instructions:

Default: Should situation arise that special water or special feed is not available and/or research staff not available, then regular feed or water will be administered.

Special Service charges may be incurred if services outside standard per diem.

SPECIFY CHANGES REQUESTED

REQUEST RECEIVED

Date	Initials
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ANIMAL CARE PROCESSED

Date	Initials
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VETERINARY APPROVAL

Date	Initials
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COMPLETED/IMPLEMENTED

Date	Initials
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