



# CCHMC COMPREHENSIVE MOUSE AND CANCER CORE Transplant Request Form

<b>Animal Core Office Use</b>
Received : _____

**Please provide request at least 72 business hours in advance of requested service date.  
Services will not be provided without a completed request form.**

TO REQUEST ANIMAL TRANSPLANT SERVICES, COMPLETE THIS FORM. UPON COMPLETION THIS FORM MAY BE EMAILED TO JEFF BAILEY (JEFF.BAILEY@CCHMC.ORG); FAXED (513-636-3768) OR DELIVERED TO CHRF 7552, CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 3333 BURNET AVE., CINCINNATI, OH 45229-3039.  
FOR QUESTIONS, CONTACT JEFF BAILEY, SUPERVISOR (513-636-5879).

### 1. Contact Information

a. Principal Investigator	d. Division/Institution
b. Primary Lab Contact	e. Office Location
c. Phone/Fax	f. E-mail

### 2. Services Requested

Animal Strain: \_\_\_\_\_  
 Description of Experiment: \_\_\_\_\_  
 \_\_\_\_\_

<u>Requested Service</u>	<u>Date Service Required</u>	<u>Number of Animals</u>	<u>*Charge per Animal</u>	<u>Total Service Charge</u>	<u>Completed (Tech/Date)</u>	<u>Comments</u>
Irradiation (Animal)			\$4.00			
Irradiation (Cells)			\$30.00 per Treatment			
Tail Vein Injections			\$3.00			
Bleeding (Tail)			\$3.00			
Bleeding (Retro Orbital)			\$4.00			
Bone Marrow Harvest			\$4.00			
Hourly Support			\$45.00			

\*Charge for service is for normal hours of operation (Monday-Friday 8:30 a.m. to 6:00 p.m. excluding CCHMC holidays). Additional fees (1.5 fold) will have to be charged for off hour services. If services need to be cancelled, please do so 24 hours in advance.

### 3. IACUC

CCHMC IACUC Protocol number	
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### 4. Billing

PROVIDE APPLICABLE ACCOUNT INFORMATION AS INDICATED IN THE BOX ON THE RIGHT. FORM MUST BE SIGNED BY AN APPROVER	<b>AUTHORIZED SIGNATURE</b> _____								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">GL BU *</td> <td style="text-align: center; border-bottom: 1px solid black;">FUND *</td> <td style="text-align: center; border-bottom: 1px solid black;">ACCOUNT *</td> <td style="text-align: center; border-bottom: 1px solid black;">DEPARTMENT *</td> </tr> <tr> <td style="border: 1px solid black; width: 10%;"></td> <td style="border: 1px solid black; width: 10%;"></td> <td style="border: 1px solid black; width: 40%; text-align: center;">6 6 6 3 5 0</td> <td style="border: 1px solid black; width: 40%;"></td> </tr> </table>	GL BU *	FUND *	ACCOUNT *	DEPARTMENT *			6 6 6 3 5 0	
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<b>Core Use ONLY</b>  <b>Total Charge:</b> _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">PROJECT BU **</td> <td style="text-align: center; border-bottom: 1px solid black;">PROJECT ID **</td> <td style="text-align: center; border-bottom: 1px solid black;">ACTIVITY ID **</td> <td style="text-align: center; border-bottom: 1px solid black;">BUDGET REFERENCE **</td> </tr> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 25%;"></td> <td style="border: 1px solid black; width: 25%;"></td> <td style="border: 1px solid black; width: 35%;"></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">           * MANDATORY FIELDS FOR ALL PAYMENTS            ** MANDATORY FOR GRANTS, CONTRACTS &amp; INDUSTRY AGREEMENTS         </p>	PROJECT BU **	PROJECT ID **	ACTIVITY ID **	BUDGET REFERENCE **				
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