



CCHMC COMPREHENSIVE MOUSE AND CANCER CORE Cancer and Xenotransplant Request

Animal Core Office Use
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>
Flank Injections			\$4.00			
Tumor measurement			\$5.00			
Necropsy (hourly)			\$45.00			
IVIS (hourly)			\$50.00			
IVIS (hourly), contributor rate			\$25.00			

*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	<p style="text-align: center;">AUTHORIZED SIGNATURE _____</p> <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="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> 6 6 6 3 5 0 </td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> </table> <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="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table> <p style="font-size: small;">* MANDATORY FIELDS FOR ALL PAYMENTS ** MANDATORY FOR GRANTS, CONTRACTS & INDUSTRY AGREEMENTS</p>	GL BU *	FUND *	ACCOUNT *	DEPARTMENT *	_ _	_ _ _ _	6 6 6 3 5 0	_ _ _ _ _ _ _	PROJECT BU **	PROJECT ID **	ACTIVITY ID **	BUDGET REFERENCE **	_ _	_ _ _ _	_ _ _	_ _
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Core Use ONLY Total Charge: _____																	