Office of Research

ULAR Form

Buprenorphine SR Injection Request Form

THE OHIO STATE UNIVERSITY

University Laboratory Animal Resources
400 W Twelfth Avenue, Columbus, OH 43210-1016

Instructions

Please submit to BRT 0010 or email to OR-ULARSRBup@osu.edu

Requests must be submitted at least 3 business days in advance. An email confirmation for the request should be provided within 24 hours. If you don't receive confirmation of your request, please contact us again

Requestor Information

Contact Name	Contact Phone	Contact Email
Principal Investigator Name	Protocol	

Chartfield *If left blank costs will be charged to the first census sheet in the room binder*

Injection Request

The date, approximate time, room and the number of animals are required at the time of your request. The rack and cage information can be provided closer to the surgery date, if TBD. All cages must be marked with a blue surgery card.

Research Team Information					**ULAR ONLY**	
Date and Approximate Time	Room	Number of Animals	Rack	Cage	Administered (Initials)	Billed

ULAR USE ONLY:

Submitted (Date/Time) Initials