

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	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 Diet	
Do not feed	
Restricted Feed/Water, as follows:	
Special Bedding, as follows:	
Other and/or added instructions:	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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