



**University of North Texas**  
Lab Animal Facility- Procedure Request Form

<b>Principal Investigator (PI):</b>	<b>UNT Department:</b>
<b>Phone:</b>	<b>UNT Email:</b>
<b>IACUC Animal Use Protocol (AUP) #:</b>	<b>Species:</b>
<b>Surgeon(s):</b>	<b>Assistants(s):</b>

*\*To be completed by PI and submitted to LAF Management*

**LAF staff assistance required:**

☐ No ☐ Yes:

**Vivarium Services/Assistance Need (Mark all that apply)**

- ☐ Perform surgery
- ☐ Animal Prep
- ☐ Monitor Anesthesia
- ☐ Animal recovery

**Estimated time needed to perform procedure:** \_\_\_\_\_

**Date(s) and Time(s) requested (preferred):**

*for multiple procedures in the same day, please list separately*

Date	Time

**LAF Equipment / Supplies Needed:**

*Please be specific including quantities and sizes for supply requests*


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*To be Completed by Vivarium Staff:*

Date requested received :
Veterinarian in attendance:
Date surgery scheduled for:
Comments: