

**LAR ONLY**

Requisition number: \_\_\_\_\_

Tank #: \_\_\_\_\_

Date received: \_\_\_\_\_

Cost Center: \_\_\_\_\_

Cage Card #: \_\_\_\_\_

Room: \_\_\_\_\_

**REQUEST FOR FISH TANK SET UP AND MAINTENANCE**

(Unless all tanks are to be set up similarly, one request will be required per tank)

Investigator: \_\_\_\_\_ IACUC Protocol#: \_\_\_\_\_

Account Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

Contact Person & Number: \_\_\_\_\_

Number of Tanks & Size Requested: \_\_\_\_\_ Room Number: \_\_\_\_\_

Holding tank/Experimental tank? (Circle one) Number of fish per tank: \_\_\_\_\_

**Set Up Instructions:**

Salinity(ppt): \_\_\_\_\_ pH range: \_\_\_\_\_ Maximum TANs: \_\_\_\_\_

Temperature range: \_\_\_\_\_ Chiller Unit: Y/N Overflow Tank: Y/N Undergravel Filter: Y/N

Overflow rate? \_\_\_\_\_ L/min Lowest level for dissolved oxygen: \_\_\_\_\_

Instructions \_\_\_\_\_

# of Box Filters: \_\_\_\_\_ # Charcoal filters: \_\_\_\_\_ # Crushed coral filters: \_\_\_\_\_

# Airstones: \_\_\_\_\_ Instructions: \_\_\_\_\_

**Feeding Instructions:**

Food: \_\_\_\_\_ Instructions: \_\_\_\_\_

**Tank Care Instructions:**

Water change: \_\_\_\_\_

Filter floss change: \_\_\_\_\_

Special Request or Comments \_\_\_\_\_

**\* What is the experiment and is water quality or stress an issue, if so how? List agents given and state necessary precautions and signs of illness for animals. What occupational hazards may exist for humans exposed to fish and tank water? What clinical signs might be apparent?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_