

## LAR Technical Service Request (revised 5-20-11)

Routine Requests must be submitted by 12:00 noon 2 business days before service is needed.\*  
 Submit completed forms via email as an attachment to: [lartechservice@ncsu.edu](mailto:lartechservice@ncsu.edu)  
 View LAR website for more information including policies and procedures: <http://www.cvm.ncsu.edu/lar/>  
**Check Requested Service (provide animal information and other details below)**

LAR use only
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<input type="checkbox"/> NPO Drinking water will not be removed unless requested.	Date to Remove Food:		Time to Remove Food:		<input type="checkbox"/> AM	<input type="checkbox"/> PM
	Date to Return Food:		Time to Return Food:		<input type="checkbox"/> AM	<input type="checkbox"/> PM

<input type="checkbox"/> Animal Transport	Delivery Date:		Delivery Time:		<input type="checkbox"/> AM	<input type="checkbox"/> PM
	Return Date :		Return Time:		<input type="checkbox"/> AM	<input type="checkbox"/> PM

<input type="checkbox"/> Supplies	<input type="checkbox"/> Transport Cart	<input type="checkbox"/> Blankets/Towels		
	<input type="checkbox"/> Carrier/Crates	<input type="checkbox"/> Other (Specify)		
	Date Supplies are Needed:		Time Supplies are Needed:	<input type="checkbox"/> AM

<input type="checkbox"/> Manpower	<input type="checkbox"/> Weighing	<input type="checkbox"/> Grooming		
	<input type="checkbox"/> Carcass Disposal	<input type="checkbox"/> Other (Specify)		
	Date Services are Needed:		Time of Service Needed:	<input type="checkbox"/> AM

<input type="checkbox"/> Cage Wash	<input type="checkbox"/> Carriers	<input type="checkbox"/> Transport Carts			
	<input type="checkbox"/> Cage banks	<input type="checkbox"/> Other (Specify)			
	Pick Up Date :		Pick Up Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	Return Date :		Return Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM

<input type="checkbox"/> Standing Request	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly
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**Animal Information:**

Animal's Location	Cage Card # / Species / Name (if applicable)	Other ID# (Tattoo/Microchip etc.)

**Instructions/Comments:**

Principal Investigator (s): \_\_\_\_\_

Protocol #: \_\_\_\_\_ Account (s) # to charge: \_\_\_\_\_

Contact Information for this request: \_\_\_\_\_

Requester's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

\*Requests for services outside of regular business hours (including holidays), as well as other non-routine requests (e.g., need for multiple personnel, large blocks of time or training), should be submitted at least one full week in advance of requested service.  
 \*\*Veterinary Service requests (e.g., post op care/monitoring, clinical case management) must be submitted to LAR veterinary services. Visit the LAR website for additional information on this program.

<b>LAR Use Only:</b>	
Service Time (H:m): _____	Mileage: _____
Supply Charge: _____	Requisition Number: _____