**Manager Consultation Form**

**Name**: **Date**: 

**Protocol Name and Number**: 

**Reason for Manager Consult**: 

**Is this a new protocol?**

[ ] Yes [ ] No

**Please fill out the information below regarding the animals to be housed.**

**Species**: Click or tap here to enter text. **Age**: Click or tap here to enter text.

**Strain**: Click or tap here to enter text. **Sex**: Click or tap here to enter text.

**How many cages/animals will be housed at one time?**

Click or tap here to enter text.

**Where will procedures on the animals be performed?**

Choose an item.

**Please indicate procedure room number**: Click or tap here to enter text.

**Are there any additional housing/husbandry considerations? Please check all that apply below:**

[ ] None [ ] Hazards Present [ ] Immunocompromised Animals [ ] Special Feed [ ] Feed Restriction [ ] Special Water [ ] Reverse Lighting [ ] Dim Lighting [ ] Specific Light Cycle [ ] Imaging Required

[ ] Sex Specific Housing Room (i.e. Male or Female Only Room) [ ] Breeding [ ] Special Caging

[ ] Increased Cage Change Frequency [ ] Other (Please Explain Below)

**If marked yes to any items on the list, please explain in depth below:**

Click or tap here to enter text.

**Will there be any special requests required by DLAM staff? Please check all that apply below:**

[ ] Euthanasia Study Support [ ] Technical Services [ ]  Other [ ] None

**See DLAM website for complete** [**list of services**](https://www.unthsc.edu/research/laboratory-animal-medicine/technical-services/)**.**

**Include any additional comments/concerns/requests below:**

Click or tap here to enter text.

**Manager’s Comments and Date of Approval:**

Click or tap here to enter text.

Click or tap to enter a date.