**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.