

Special Care Form



Month/Year: _____ Building: _____ Room: _____

Dates Special Care to be Provided by PI

From: _____ To: _____

Date/Time DLAM Assumes Care:

Day of Month	No Food	No Water	PI Feed	PI Water	PI Cage Change	DLAM Verification	Day of Month	No Food	No Water	PI Feed	PI Water	PI Cage Change	DLAM Verification	Day of Month	No Food	No Water	PI Feed	PI Water	PI Cage Change	DLAM Verification	
	Initials	Initials	Initials	Initials	Initials	Initials		Initials	Initials	Initials	Initials	Initials	Initials		Initials	Initials	Initials	Initials	Initials	Initials	Initials
1							11							21							
2							12							22							
3							13							23							
4							14							24							
5							15							25							
6							16							26							
7							17							27							
8							18							28							
9							19							29							
10							20							30							
														31							

PI/Research Staff must initial each task when completed for dates of special care

IACUC approved protocol #: _____ Protocol expiration Date: _____

Person responsible for special care: _____ Signature (PI or designee): _____

Emergency contact info Ph #: _____ Email: _____

Describe in Detail the special care that the PI will provide:

	Study group _____
	Cage card numbers

Special Care by PI - Instructions

General Information

- Research staff uses this form to document their responsibility for services outlined under 'PI special care' items.
- Feed and water restriction must be described on Investigator's approved IACUC protocol.
- When services conclude, DLAM staff will collect the room sheet from the room.

Research Staff

- Identify cages that will receive a 'PI special care' item by placing a 'Special Care by PI' card or individualized identification tag on the front of each cage card holder.
- Every day, including weekends and holidays, initial the cell for the specific date & item PI is providing 'special care.' If several days' supply of food/water is provided at a time, annotate this in the "Description Box" to explain the absence of initials daily. Likewise, specify the cage change frequency. Change cages according to the standard schedule for the room, and more frequently if needed.
- The "Study Group" box is available to identify different groups, if more than one is present. For example, a group consists of cages requiring same services for the same period of time. If cages are added with a new date range, then this would constitute a new study group. Hence, requiring a separate form and a new group designation. Add the cage card numbers to the form as cages are added to identify different group sets.
- When an animal is labeled as 'PI feed' and 'PI water,' it is the investigator's responsibility to ensure the animals are fed and/or watered each day, unless other arrangements are made with the DLAM Facility Manager or designee. Animals not fed/watered in a timely manner may result in the animals being fed the standard rodent chow and/or water by DLAM staff (after attempting to contact PI). If there are other extenuating circumstances where an individual is unable to attend to their animals in a timely manner, please contact the DLAM Facility Manager or designee to make any necessary arrangements.
- Once the special care is no longer needed, the PI must notify DLAM, and remove the special care card from the animal's cage.

DLAM Staff

- Review form daily for proper completion and initial under "DLAM verification column". Ensure services are being provided by research staff as outlined on "Description Box."
- When the date on 'DLAM Assumes Care' box is reached, ensure cage is returned to its default husbandry state (e.g., animals fed, water bottles filled with water, automated water, and/or cages changed).
- Contact your supervisor if any questions arise.
- When services conclude, return the form with that month's door sheet at the end of the month.

Special Care by DLAM – Instructions (Feed and/or Water)

General Information

- DLAM will feed special feed/water to PI's animals. PI is responsible for providing feed/water. If special feed/water is not available, DLAM will resume normal diet.
- DLAM will initial both the regular door sheet and the column "DLAM verification" for providing special feed/water on specified date.

Room: _____ Protocol #: _____ Start Date: _____

Cage/Group ID: _____ End Date: _____

Type of Feed/Water: _____ Location of Feed/Water: _____