ANIMAL EUTHANASIA REQUEST FORM

Investigator:	Department:
Species:	Room Number:
Number of Animals:	Save Carcass? Yes No
Signature:	Date:
•••••	CBR USE ONLY
Date of Euthanasia:	
Initials: Performer:	Supervisor:
FILLED OUT AND SUBMI	THANIZED UNTIL THIS FORM IS COMPLETELY TTED TO A MEMBER OF THE CENTER FOR MEDICAL RESEARCH.
ANIMALS WILL NOT BE EUT FILLED OUT AND SUBMI BIO ANIMAL EUT	TTED TO A MEMBER OF THE CENTER FOR MEDICAL RESEARCH. THANASIA REQUEST FORM
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ANIMALS WILL NOT BE EUTHANIZED UNTIL THIS FORM IS COMPLETELY FILLED OUT AND SUBMITTED TO A MEMBER OF THE CENTER FOR BIOMEDICAL RESEARCH.