UCLA Division of Laboratory Animal Medicine

Rodent Euthanasia Form

Date:	P.I.
Building/Room/Rack:	Requested By:
Species:	Protocol #:
# of cages or Animals	Recharge ID #:
Animal/Cage ID:	

FOR DLAM USE ONLY:

Date Completed:_____   Performed By (Technician):_____

☐ Check for Non-Compliance   Reason:_____ or REACTor Case#_____

DLAM Rev 1/2015

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