

West Virginia University
Office of Laboratory Animal Resources
Elective Euthanasia Request Form

(Do NOT use this form for animals that are ill or on clinical call)

I F. Heath Damron authorize OLAR staff to euthanize the following animals at their earliest convenience. I understand that since this is an ELECTIVE EUTHANASIA that there is an hourly service charge to complete this procedure. Minimum charge is 15 minutes. The PI is responsible for all per diems until the euthanasia is completed.

Responsible signature authorizing OLAR to perform this procedure:



Date 3.17.2020

Investigator F. Heath Damron
Department MICB

Protocol Number: 1602000797 Phone Number cell 304-617-8116
Building/Room Number V302 Rack/location not sure

Species mouse

Strain/Sex B6-IL17-GFP M/F

Animal Identification not sure; records are in office at HSC

Number of animals/cages 6 to 8 total cages

NOTE: Laboratory personnel must place correct animal identification information on the cage cards and a euthanasia tag ("Elective Euthanasia") to insure the correct animals are chosen.

Please give this completed form to the OLAR Office and allow at least 24 hours for completion of euthanasia after it is submitted.

Approved by _____

Euthanasia completed _____ Date _____