



# SMALL ANIMAL BEHAVIOR CORE LABORATORY

## Request for Service Form

Name: \_\_\_\_\_ Department/Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Information regarding the animals to be used in testing:

Species: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Number of groups: \_\_\_\_\_ Number of animals per group: \_\_\_\_\_

Date requested for initiation of testing: \_\_\_\_\_

Describe the purpose of your research project: \_\_\_\_\_

Which of the following tests do you wish to have conducted with your animals (check one or more)?

#### Anxiety-Related Behavior Tests

Elevated Plus Maze  
Light/Dark Preference (emergence neophobia)

#### Memory Tests

Spatial Learning & Memory (Morris Water Maze)  
Spatial Working Memory (8- or 12-arm radial maze)  
Passive (or Inhibitory) Avoidance  
Pre-pulse Inhibition  
Y-Maze  
Fear Conditioning  
Two-Trial Novel Object Recognition Task

#### Motor Function Tests

Open Field Locomotor Activity  
Rotarod  
Grip Strength

#### Tests of Nociception

Tail Flick  
Thermal Sensitivity Test

#### Tests for Drug Side Effects

Conditioned Taste Aversion

Will you need your animals returned after testing is completed? Yes No

Are there any physiological problems with the animals that may interfere with their performance (e.g., sensorimotor deficits which may negate certain memory tests)? Yes No

If yes, please explain: \_\_\_\_\_

Please describe any special housing or animal husbandry that will be required while the animals are at the core facility. \_\_\_\_\_

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

Please print out, sign and mail or fax your completed form to Dr. Alvin Terry, Director,  
Small Animal Behavior Core, Medical College of Georgia, CJ-1020, Augusta, GA 30912-2450.  
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