



SMALL ANIMAL BEHAVIOR CORE

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