

# How to Submit a Veterinary Service Request

**Step 1:** Enter URL in browser: [acup.uc.edu/AOPs/sd](http://acup.uc.edu/AOPs/sd)

**Step 2:** Log in with your 6+2 UC user name and password

**Step 3:** Click the Animal Operations tab

**Step 4:** Click the Protocol ID


**Step 5:** Click  (on the left hand side of screen)


**Step 6:** Complete “Basic Request Information”- \* indicates mandatory fields


Select “Veterinary Services” followed by the type of service (You can select multiple services at once and complete all smart forms).

### Creating New: Service Request

#### Basic Information

1. \* Protocol:  
01-02-03-04 

2. Primary contact:  


3. Requested service start date:  
4/5/2021 

4. \* Is this request for recurring services?  
☐ Yes ☒ No [Clear](#)

5. \* Service request type:  
☒ Veterinary Services  
☐ Husbandry Services  
[Clear](#)

6. \* Veterinary services:  
☐ Euthanasia and Necropsy Request  
☒ Surgical or Other Procedure Support  
☐ Drug Request  
☐ Irradiator Assistance  
☐ Other Service (including training requests)

**Euthanasia and Necropsy Request:** Complete all sections as needed and click continue

## Euthanasia and Necropsy Request

**i** Note that euthanasia can only be done on cages of animals, not individuals. Indicate the animal ID, as well as reason for requesting necropsy.

1. \* Select service:

Carcass Disposal Fee ▼

2. Identify any animals requiring post-euthanasia necropsy:

3. Describe any additional requirements for organ/tissue preservation:

4. Additional information:

5. Additional contacts for necropsy results:

**Surgical & Procedure Support:** For this page, indicate procedure location, name, and date (**Remember at least 3 business days in advance**). Click “+Add” and select supplies needed from drop down box. Please use “Additional Information” box for any special instructions or pertinent information for to this request.

## Surgical or Other Procedure Support

1. \* Service location:

MSB-R363  

2. Procedure:

3. Procedure date:

4/5/2021 

4. Veterinary assistance:



a. Number of veterinary hours: 

b. Number of technician hours: 

c. Number of anesthesia hours: 

5. Supplies requested: 

 Add

Name		Quantity	Notes
 Update	Anesthesia Machine (per hour)	1	


6. Additional information:

Needed from 1-2pm

**Drug Request:** Click “+Add” and select drugs from drop down box that you wanted to request and complete remaining sections as needed. Please use “Additional Information” box for any special instructions or pertinent information specific to this request.

### Drug Request

Provide information regarding the drugs you are requesting.

1. **\* Select drugs:** 

+ Add

Service	Quantity	Unit Price	Total	Notes
There are no items to display				

2. **Intended drug use:**

3. **Drug locker:**

4. **Additional information:**

**Irradiator Assistance:** Please disregard this section. LAMS does not offer this service.

**Step 7: Cage Card Selection:** If needed, please select the associated cage cards for this request. You can filter cards by number, facility, species, per diem type, or account. Keep a note that this page is not a mandatory section. You can click “continue” without filling this section if your requested service does not involve a specific cage.

### Cage Card Selection

Select the associated cage cards for this request.

**1. Select cage cards:** ?

Cage Card ID	Facility	Protocol	State	Species	Per Diem Type	Capacity	Account
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

0 cards are currently checked.

Selected cage cards:

Cage Card ID	Facility	Protocol	State	Species	Per Diem Type	Capacity	Account
0 cards are currently selected							

**2. Additional instructions:**

**Step 8: Responsible Party:** Select “Vivarium Staff”, enter service account number (Mandatory field), and click “Finish”.

PLEASE NOTE – YOUR REQUEST HAS NOT BEEN SUBMITTED TO LAMS AT THIS POINT.

### Responsible Party

Indicate who will perform the selected tasks.

**1. Service responsible party:** ?

☒ Vivarium Staff

☐ PI Staff

[Clear](#)

**2. \* Service account:** ?

**Step 9: Pre Submission:** Review the Service Request and charges associated with this request; to edit request select “Edit Request”. If no changes are required, click “Submit”

Pre-Submission

Requested start: 4/5/2021  
Completed:

Next Steps

Edit Service Request

Printer Version

Submit

Copy Service Request

Discard

SR00000043

Service Request for 01-02-03-04

Protocol:  
Request Type: Veterinary Services  
Responsible Party: Vivarium Staff  
Service Account:  
Estimated Cost: \$27.89

Pre-Submission

Review

Clarification Requested

Pending Completion

Closed

Services

Cage Cards

History

Filter by 

Service

+ Add Filter

X Clear All

Category	Service	Unit Price	Quantity	Total Charge
Surgical Support	Anesthesia Machine (per hour)	\$27.89	1	\$27.89

1 items 

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