DCM
Department of
Comparative Medicine

UNIVERSITY OF WASHINGTON
Magnuson, Health Sciences Bldg., I-402 to I-472, Box 357340
Main Office Phone: 206-543-8047 Fax: 206-685-3006

Submit

COMPARATIVE MEDICINE SERVICES FORM

P.I.:		**Date of Service:**
Date:	**Budget #:**	**Protocol #:**
Dept.:	**Box #:**	**Contact #:**

☐ 6th FLOOR ☐ SLU 3.1 ☐ K-WING ☐ 815 BROTMAN ☐ NO LAKE DIESEL ☐ LIFE SCIENCE
☐ FOEGE ☐ ROOSEVELT ☐ GUTHRIE ☐ HARBORVIEW ☐ ARCF ☐ OTHER _____

☐ MICE ☐ RATS ☐ PIGS ☐ DOGS ☐ SHEEP ☐ RABBITS ☐ FERRET ☐ OTHER _____

SERVICE	EXPLANATION OF SERVICE(S)	QTY	UNIT	PRICE	Billing Use Only
☐ ANIMAL TECHNICIAN TIME (Weaning, seperating)			Hour	45.97	0.00
			O / T	45.97	0.00
☐ CAGE CARD TECH FEE			Hour	45.97	0.00
☐ TRANSPORTION / DELIVERY TRUCKING SERVICES			Hour	54.35	0.00
			O / T	54.35	0.00
☐ CAGE SET-UP FEE, PER CAGE			Cage	M= 2.53	0.00
				R= 5.31	0.00
☐ FERRET PROCESSING FEE			Hour	45.97	0.00
☐ RABBIT PROCESSING FEE			Hour	45.97	0.00
☐ CHICK/BROODERS PROCESSING FEE			Hour	45.97	0.00
☐ EQUIPMENT RENTAL			Hour	10.00	0.00
☐ FROG PROCESSING FEE			Hour	45.97	0.00
☐ SPECIAL REQUEST SERVICES			Hour	45.97	0.00
☐ MISCELLANEOUS SERVICES			Each		0.00
			Hour		0.00
☐					0.00
					0.00
☐					0.00
					0.00
☐					0.00
					0.00
☐					0.00
					0.00
☐ MEDICATIONS / SUPPLIES SPECIAL FEED/SUPPLIES			Each	RATE $	0.00
			Each	RATE $ 0%	0.00
	SUBTOTAL	0.00 0.00	TAX	10.10%	0.00
	TOTAL	0.00	AF	20.00%	0.00

PRINT NAME (Person Completing Form) **DATE**

Form Revised 5/2018