

W.O. # :

W.O. Date :

**SURGICAL MODELS CORE**

COBRE Animal Models Phenotyping Core 4-341  
 Phone: 318-675-3205  
 Email: [svital@lsuhsc.edu](mailto:svital@lsuhsc.edu)  
[CCDS Core Website](#)

Requested By:

Department:

Contact Info:

Account #:

**SURGERY REQUESTED**

<input type="checkbox"/> MCAO (Koizumi method)	<input type="checkbox"/> Femoral Artery Cannulation	<input type="checkbox"/> Jugular Vein Cannulation	<input type="checkbox"/> Bone Marrow Transplantation	<input type="checkbox"/> Osmotic Pump Implant.
<input type="checkbox"/> MCAO (Longa method)	<input type="checkbox"/> Femoral Vein Cannulation	<input type="checkbox"/> Femoral Vein Injection	<input type="checkbox"/> Cecal Ligation/Puncture	<input type="checkbox"/> Telemetry Probe Implant.
<input type="checkbox"/> Partial Carotid Ligation	<input type="checkbox"/> Carotid Artery Cannulation	<input type="checkbox"/> Cranial Window Preparation	<input type="checkbox"/> Tracheotomy	

**REQUESTED COMPLETION DATE**

<input type="checkbox"/> COBRE	<input type="checkbox"/> CCDS	<input type="checkbox"/> Non-CCDS
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*Core personnel will fill in charges*

# MICE	DESCRIPTION	Charge/mouse	Total Charge

SUBTOTAL                     \$            -

Other Comments or Special Instructions

OTHER                           \$            -

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**TOTAL**                       **\$            -**