Request for DRC
Diabetes Models Phenotyping Core Services

Investigator: _____ Date of Request: _____

Campus Box: _____ Phone: _____ Fax: _____ E-mail: _____

Hypothesis to be tested and synopsis of project:

_____

Funding Source: (Grant Number) _____ P.I. _____

Animal Studies Committee Approval Number: _____

Animal Studies Committee Approval Date: _____

**Copy of Approval Letter Must Accompany Request

Services Requested

1. Biochemical Analysis of serum ☐ or tissue ☐
   - ☐ Total Triglycerides Specify quantity: _____
   - ☐ Total Cholesterol Specify quantity: _____
   - ☐ Non-esterified fatty acids Specify quantity: _____
   - ☐ Glucose Specify quantity: _____
   - ☐ Lipoproteins (VLDL, LDL, HDL) Specify quantity: _____
2. ☐ Glucose and/or insulin tolerance testing Specify quantity _____
3. ☐ Determination of body composition Specify quantity: _____
4. ☐ Metabolic Assessment
   - ☐ Metabolic Rate by Indirect Calorimetry Specify quantity: _____
   - ☐ Food and Liquid Intake Specify quantity: _____
   - ☐ Physical Activity Measurement Specify quantity: _____
   - ☐ Urine and feces collection Specify quantity: _____
5. ☐ Blood pressure determination Specify quantity: _____
6. ☐ Quantitative atherosclerosis analyses of mouse aorta Specify quantity: _____
7. ☐ Training (breeding, genotyping, dietary advice, etc.)

   Specify training desired: _____
8. ☐ Provide mouse model of diabetes Specify number and type of mice: _____
9. ☐ In Vivo Imaging Specify type: _____ Specify quantity: _____

Approval: _____ **Date:** _____ **Priority:** _____

Please return completed form to: Sangeeta Adak, Ph.D.

Diabetes Models Phenotyping Core
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E-mail: sangeetadak@wustl.edu

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