



Request for Special Treatment or Procedure (SToP) Form

Instructions on how to properly complete this form are available at az.research.umich.edu/acu-stop-form

ULAM Review

IACUC Review

DESCRIPTION OF REQUEST

RATIONALE (must be scientific or animal welfare related. Include history, if pertinent)

ANIMALS AFFECTED

Species	Principal Investigator	U-M email address	Phone #	IACUC Approval #	Protocol Expiration Date

RESPONSIBLE PERSONNEL (Principal Investigator, Facility Manager, Animal Technician, etc.)

1. This is the person filling out the request form
2. This is the lab contact person who is requesting the special treatment or procedure.

Name	Department	U-M email address	Phone #
1.			
2.			

AUTHORIZED BY

Signature	Title	Date

REQUEST APPROVAL PERIOD

From:		To:	
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(Please enter in MM/DD/YY format)

Non-ULAM requests should be submitted to:
acuoffice@umich.edu

ULAM requests should be submitted to:
ulam-h-managers@umich.edu

** Physical signature required in order to complete this form. Please print and sign before submitting. **