

CLINICAL CASE REQUEST

Date: _____ **Species:** _____ **Room Number:** _____

Location: (circle appropriate one)

CMV-LAF	Medical Center
Cherokee A	Jessie Harris
Walters Life Sciences	Satellite _____ (name)

Protocol Number: _____ **Principal Investigator:** _____

Reported By: _____

Description of Problem: _____

To be completed by Veterinarian:

Treatment: _____

Other Information: _____

Please fill out each time a clinical case is started and send to OLAC at olac@utk.edu or fax to the OLAC office (974-5649). Thank you
