



MEDICAL SCHOOL

UNIT FOR LABORATORY ANIMAL MEDICINE

UNIVERSITY OF MICHIGAN

Anesthetic Machine Service Authorization Form

send back to Amy Boekhout at alss@med.umich.edu to be signed up for service

Principal Investigator

Lab Contact

Email

Phone

Account Number to Be Used

Location of Anesthesia Machine

This authorization form is for the following services:

Certification of performance inspection. Includes:

1. Pressure check to determine leaks. Minor leaks will be repaired.
2. An analyzer will be used to confirm correct output of anesthetic gas
3. Flow rate will be checked and adjustments made

In house repairs and/or additional charges related to repairs

(Certification will NOT be issued if these minimum requirements are not met)

Machine type:

- Large re-breathing system with CO2 absorber:

Model

Serial #

Model

Serial #

Model

Serial #

Model

Serial #

Model

Serial #

Model

Serial #

Rodent vaporizer system:

Model

Serial #

Model

Serial #

Model

Serial #

Model

Serial #

Model

Serial #

Model

Serial #
