UNIVERSITY OF COLORADO DENVER
ANIMAL CARE & USE PROGRAM
DO NOT DISTURB CARD AGREEMENT

By signing this form and taking Do Not Disturb (DND) cards for room _____, I agree to the following:

- **I have received a copy of and have read the USING Do Not Disturb CARDS SOP.**
- **Contact information will be clearly labeled on each DND cage flag.**
- **The persons listed will respond to inquiries about the cages in the timeframes noted in the DND SOP.**
- **OLAR staff is allowed to go into these cages if there is a flood, a medical emergency, if all animals in the cage are dead, or if cages are found past their listed change date**
- **Cages flagged with the DND card will be monitored daily by the lab staff.**
- **Health problems with the animals in the flagged cages will be reported to the veterinary staff.**
- **Lab staff will change these cages regularly according to OLAR's husbandry guidelines appropriate for the species and type of cage.**
- **Bedding from dirty cages will be saved to expose to the sentinel animal on the same rack according to the DND SOP.**

Failure to comply with the agreed upon terms above may result in the loss of my right to utilize the DND SOP cage flagging process.

Investigator name_____
Lab representative_____
Signature_____**Date**_____

Contact information:

Name	Phone # (cell and/or extension)	Signature