

# RODENT CATHETER VALIDATION PROGRAM

“Off the shelf” validated rat & mouse catheters for specific access targets

To enroll in our Rodent Catheter Validation Program and receive up to 10 pieces of each catheter for an in-house validation, please complete this form and fax it to my attention at 1-847-674-7066 or email it to me at [pwolf@norfolkmedical.com](mailto:pwolf@norfolkmedical.com).

*I am looking forward to working with you. Pam*

Name \_\_\_\_\_ Title \_\_\_\_\_

Facility \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Street Address \_\_\_\_\_

Building \_\_\_\_\_ Room \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Catheter Type	Quantity Required	Date Requested
Rat Jugular Vein		
Rat Femoral Vein		
Rat Femoral Artery		
Rat Carotid Artery		
Rat Portal Vein		
Rat Bile Duct		
Rat Gastric		
Other Rat Catheter - please specify		
Mouse Jugular Vein		
Mouse Carotid Artery		
Other Mouse Catheter - please specify		

My plan is to (not necessary, but appreciated) \_\_\_\_\_

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