DEPARTMENT OF COMPARATIVE MEDICINE

VETERINARY SERVICE CENTER - SIM 1

DECONTAMINATION REQUEST FORM

- **Requires 2 working days notice in advance**
- **Drop Off/Pickup hours: M-F 7:30am – 3:00pm**
- **Attached a copy of the completed form to the equipment and drop off in the pass-through room in G0807**

Date: Requestor:

E-mail: Phone #:

Principal Investigator: Department:

Date supplies required: **M** **T** **W** **Th** **F**

List of Items	General Size of Items	Location to Place after Decontamination

Request completed by: _____ Date: _____

You will be contacted for any delay or issues regarding the availability of the Decon Chamber

Submit form to Mike Alvarez, G0613, (650) 725-3875, mikealv@stanford.edu