

Requisition for Animals

Principal Investigator _____ Date of Request _____

Department _____ Protocol # _____ Project # _____

Requestor _____ E-mail _____

Approved _____

Telephone/Pager _____ Vendor ★ _____ Vendor Substitution Permitted

Housing Location _____ Duration of Housing _____

Special Requirements _____

Please check one of the following:

- CMR will unpack and house
(**default if no boxes are checked**)
- I will unpack and house in the appropriate animal room
- Do not unpack! Our lab will use terminally on day of arrival

Please check one or more of the following:

The animals will be administered:

- pathogenic microorganism (BSL2)
- pathogenic microorganism (BSL3)
- radioisotopes
- toxins or carcinogens
- none of the above
- Identify each rodent with an ear tag or notches (extra service charge)

Animal Information

Date Required	Species/Strain/Sub Strain	USDA Category	Quantity	Age/Weight	Sex

Authorized Signature _____ **Date** _____

★ Approved Rodent Vendors: Charles River Laboratories, Harlan, Jackson Laboratories, Taconic

Otherwise please complete: ➔ **Animal Shipment Form**