

Animal Requisition Form

Requisition Number: ARQ

This section to be completed by Requester. Requester can tab through fields to complete form. After form completed, click "Submit Form" and form will route electronically to DLAR.

Date:		Date Animals Needed:		Delivery To:	<input type="checkbox"/> HSC	<input type="checkbox"/> MC (Bldg/Room): _____	<input type="checkbox"/> LEC
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Company:							Protocol:	
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Index #	Account Code	Stock Name	Strain	Gender	Age	Weight	Qty.	Unit Cost (If known)	Total Cost
	72420								
	72420								
	72420								
	72420								
Total:									

Special Instructions:

<input type="checkbox"/> Single House	<input type="checkbox"/> Vendor Rm#: _____	<input type="checkbox"/> Matched Controls	<input type="checkbox"/> Other: _____
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Hazardous Materials:

<input type="checkbox"/> No hazardous materials will be injected.
<input type="checkbox"/> Hazardous materials will be injected. Responsible person (name, phone): _____

Hazard	Proposed Start Date	Approximate End Date	IBC Number (If applicable)

Requested By:				Principal Investigator:			
Print Name:		Phone #:		Print Name:		Phone #:	

DLAR Use Only:

Vendor Confirmation #:		Date Order Placed:		Animals Housed in Room # /Rack/ Slot(s) :	
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Comments:		Box Fee:	
		Shipping Fee:	
PI Billed (Month/Year/Initials):		Grand Total:	