

LAMS ANIMAL REQUISITION REQUEST

BILLING INFORMATION:

LAMS ACCOUNT NUMBER: _____
GRANT NUMBER: _____ COST CENTER: _____
FUNCTION AREA: _____ FUND NUMBER: _____
INTERNAL ORDER NUMBER: _____

PROTOCOL MANAGEMENT INFORMATION

PI: _____
PROTOCOL NO: _____
DEPARTMENT: _____
CONTACT PERSON: _____
EMAIL: _____
PHONE: _____

ANIMAL DESCRIPTION:

VENDOR: _____
SPECIES: _____ STRAIN: _____
MALE QUANTITY: _____ FEMALE QUANTITY: _____
AGE: _____ AGE: _____
WEIGHT: _____ WEIGHT: _____
DATE ANIMALS NEEDED: _____

LAMS HOUSING

MALE HOUSING PER CAGE: _____ FEMALE HOUSING PER CAGE: _____
MALE CAGE TYPE: _____ FEMALE CAGE TYPE: _____
MALE NUMBER PER CAGE: _____ FEMALE NUMBER PER CAGE: _____
LAMS HOUSING BUILDING: _____
ROOM: _____

SPECIAL REQUIREMENTS:

HAZARDOUS MATERIALS INFORMATION:

Will the study involve the use of Hazardous and/or radioactive materials requiring special precautions?

Yes: _____ No: _____

TO BE COMPLETED BY LAMS BUSINESS OFFICE:

Requisition Number: _____
Request Received: _____
Processed by: _____
Date Animals Ordered: _____