



ANIMAL PURCHASE REQUEST

NOTE: Please attach this form to the requisition in MarketPlace when placing an animal order.

| | |
|-------------------------|--|
| Date of Request: | |
| Protocol #: | |
| P.I./Co-P.I.: | |
| Requestor: | |
| Email: | |

| Vendor | |
|----------------------|--|
| Company: | |
| Contact Name: | |
| Phone: | |

| DELIVER TO | |
|----------------------|--|
| Building | |
| Room: | |
| Housing Type: | |

| | |
|---------------------------------|--|
| REQUESTED DELIVERY DATE: | |
|---------------------------------|--|

| QTY | SEX | NUMBER PER CAGE | SPECIES | STRAIN | AGE | WEIGHT |
|-----|-----|-----------------|---------|--------|-----|--------|
| | | | | | | |
| | | | | | | |
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|---|-----|--------------------------|----|--------------------------|
| Are there any pre-existing conditions to note (i.e., surgeries done at the vendor, pre-conditioned, transgenic phenotype, etc.)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will your animals require special care (housing, diet, breeding, etc.)? | Yes | | No | <input type="checkbox"/> |
| If these animals are USDA species, how long will they be here? | | | | |

If any of the above answers are yes, please fill out Manager Consult form and request a meeting with DLAM Facility Manager. <https://www.unthsc.edu/research/laboratory-animal-medicine/forms-and-records/>