

ANIMAL PURCHASE REQUEST

VERY IMPORTANT: Prior to placing an animal order with a vendor, ALL Requests MUST be approved by DLAM.

Date of Request
Protocol #
PI / Co-PI
Quote #
Requestor
Phone #

| |
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| |
| |
| |
| |
| |
| |

VENDOR

[Name]
[Contact Name]
[Phone]

| |
|--|
| |
| |
| |

DELIVER TO

[Building]
[Location]
[Room #]

| | | |
|---------|--------------|------|
| | | |
| Barrier | Conventional | BSL2 |
| | | |

DATE DELIVERY REQUIRED

| QTY | SEX | #/CAGE | SPECIES | STRAIN | AGE | WEIGHT | UNIT PRICE | TOTAL |
|-------------|-----|--------|---------|--------|-----|--------|------------|--------|
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| GRAND TOTAL | | | | | | | | \$0.00 |

Are there any pre-existing conditions to note (i.e. surgeries done at the vendor, pre-conditioned, transgenic phenotype, etc.)?

☐ Yes ☐ No

If yes, please explain:

Will your animals require special care (housing, diet, breeding, etc.)?

☐ Yes ☐ No

If yes, please submit a *Special Care Form* to DLAM prior to animal arrival. (Click on picture for link to form).



Comments:

DO NOT WRITE BELOW THIS LINE -- FOR DLAM USE ONLY

| DATE ANIMALS RCVD | TECH INITIALS | # CRATES RCVD | # ANIMALS RCVD | ANIMALS SEXED | CAGING | |
|-------------------|---------------|---------------|----------------|--|------------|------------|
| | | | DEAD: | <input type="checkbox"/> Yes <input type="checkbox"/> No | # PER CAGE | # OF CAGES |
| | | | LIVE: | | 1 | |
| TECHNICIAN NOTES | | | | | 2 | |
| | | | | | 3 | |
| | | | | | 4 | |
| | | | | | 5 | |
| | | | | | | |