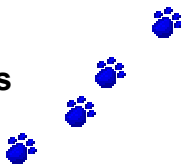




Animal Care and/or Service Requests

Animal Resource Program (ARP)

Centralized Biological Laboratory
Tel: 814-865-1495 Fax: 814-865-3685



IACUC # _____

Investigator _____ Department _____

E-mail address _____ Telephone (day) _____ Telephone (evening) _____

Other individual authorized by PI to order animals: Name _____

E-mail address _____ Telephone (day) _____ Telephone (evening) _____

Animal Requests (Remember to allow a 5-7 day acclimation period for animals prior to starting experiments)

Species _____ Breed or strain _____ Sex _____ Weight or age _____

Vendor or source _____ Vendor stock # or catalog # _____

Animal housing: Start date _____ End date _____ Preferred facility _____

Total number of animals _____ Will all the animals arrive in one shipment? _____ If no, numbers and dates expected. _____

Animal Care Requirements (Check and explain all that apply)

Special caging (desired number of animals per cage, males/females per cage, wire cages, etc.)

Special diet

Biohazards

Radioisotopes

Biological materials (cell lines, etc.)

Additional Service Requests (Pathology, Surgery, Training, or Technical assistance) _____

Estimated cost - Animal Purchases _____ Per diem and other services _____

Verification of available funds (The following investigator assumes financial responsibility for these services and confirms that funds are available for this purpose.)

Principal Investigator _____

Date _____

ARP Access # _____
(To be completed by ARP)