

**VIVARIUM REQUEST FORM**  
**Southern Illinois University Carbondale**

Order Number

Date \_\_\_\_\_ Investigator(s) \_\_\_\_\_  
Animal Use Protocol Number \_\_\_\_\_ Department \_\_\_\_\_  
Protocol Title \_\_\_\_\_  
Office Building and Room Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Account Title to Be Charged \_\_\_\_\_  
Account Number \_\_\_\_\_ Fiscal Officer Signature \_\_\_\_\_

By signing this form, Fiscal Officer also authorizes the Laboratory Animal Program to charge per diems and technical and medical services as deemed necessary.

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**ANIMAL REQUEST:**

Total Number Desired \_\_\_\_\_ Age and/or Weight \_\_\_\_\_  
Species \_\_\_\_\_ Strain \_\_\_\_\_  
Sex \_\_\_\_\_  
Date Required to Begin Study, After Quarantine \_\_\_\_\_  
Approximate Time to Be Held \_\_\_\_\_  
Preferred Vendor \_\_\_\_\_

**CHECK:**

Animal Use:  
Classroom  
Research  
Other

Quarantine Requirements:  
None – To be euthanized soon after receipt.  
Traditional – No investigator access for 10 days.  
Special Access – This requires approval of Vivarium.  
Other – Explain below.

**Special Instructions for Vivarium:**

(Quarantine access, special care, housing, lighting, etc.)  
UNLESS OTHERWISE SPECIFIED, "TRADITIONAL" QUARANTINE WILL BE ARRANGED.

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**TO BE FILLED IN BY VIVARIUM ONLY:**

Request Received \_\_\_\_\_ By \_\_\_\_\_ Purchase Order No. \_\_\_\_\_  
Approval by CLAC \_\_\_\_\_ Date \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_  
Vendor \_\_\_\_\_ Number Received \_\_\_\_\_  
Shipping Date \_\_\_\_\_ Quar. Rm # \_\_\_\_\_ Birth Dates \_\_\_\_\_  
Individual Placing Order \_\_\_\_\_ Inv. Contacted \_\_\_\_\_ Contact \_\_\_\_\_ By \_\_\_\_\_  
Order Date \_\_\_\_\_ Contact \_\_\_\_\_ Amount Billed \_\_\_\_\_  
Reference # \_\_\_\_\_ Date Recorded for USDA/AAALAC \_\_\_\_\_