

VIVARIUM REQUEST FORM

Southern Illinois University Carbondale

Please email this completed form to: lap@siu.edu

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.

ANIMAL REQUEST:

Quarantine and Acclimation

Total Number Desired _____ Age and/or Weight _____

Animals from commercial vendors commonly used will be held for acclimation for 3 days before being released to the investigator for use.

Species _____ Strain _____

Sex _____

Animals not from commercial vendors commonly used will be held for quarantine and testing. When testing is complete, animals will be released to the investigator for use. Fees incurred during quarantine for housing and testing will be charged to the account number noted.

Date Requested to Begin Study,
After Release to Investigator _____

Approximate Time to Be Housed _____

Preferred Vendor _____

When using non-commercial vendors or other institutions, please provide contact information for health verification at that institution.

Special Instructions for Vivarium:

TO BE FILLED IN BY VIVARIUM ONLY:

Request Received _____ By _____ Purchase Order No. _____

Approval by CLAC _____ Date _____ Date Received _____ By _____

Vendor _____ Number Received _____

Arrival Date _____ Quar. Rm # _____ Birth Dates _____

Individual Placing Order _____ Inv. Contacted _____ Contact _____ By _____

Order Date _____ Contact _____ Date/Account Billed _____

Reference # _____