

Received <input type="checkbox"/>	ACC/MF/PM/Accounts <input type="checkbox"/>	Order _____ <input type="checkbox"/>			Schedule <input type="checkbox"/>
<input type="checkbox"/>	Technician / ISO <input type="checkbox"/>	Confirm _____ <input type="checkbox"/>			<input type="checkbox"/>



Campus Animal Facilities

Animal Request Form

REQUEST NUMBER
(to be assigned by CAF Office)

This request is for (please choose one):

Principle Investigator _____ Department _____ Ext _____

Animal Utilization Protocol # _____ AUP Title _____

*Emergency Contact Name _____ Emergency Contact Phone Number _____

Research Student/Scientist _____

Animal Care Committee Use Only

Animals Approved: _____ AUP Next Review Date: _____ AUP Expiry Date: _____ Approved by: _____

Qty	Species	Strain	Sex	Age/Weight	Date required	CAF Office Use Only – Unit Costs

For ALL import/export of genetically modified mice, a completed "Mouse Passport" must accompany this form.

Source of animals:

Additional Ordering Requirements for Vendor (cagemates, DOB, etc) :

Is Accommodation Required? **Yes (please specify below)** **No**

Length of stay _____ Location _____

*For Isolation Facility: Approved Alliance Submission # _____
e.g., UG-T1-2023-123456

Housing Instructions or Special Request for CAF/ISO:

Is a Biohazard Permit required? *If required, does CAF Staff have a copy? Yes No To Follow

Biohazard Permit # _____ **RG1/RG2 material to be used:** _____

Please attach SOP for administration of RG1/RG2 material

	3-FUND	6-UNIT	6-GRANT	6-PROJECT	5-OBJECT	6 -TBD
						000 000 000
						000 000 000

Signature of Principle Investigator
(and/or Grant Holder)

** Object codes used for journal entries: 63454 (Animal Purchase), 64021 (Animal Maintenance), 64091 (Technical Services). 64452 (Space Charge)