

ANIMAL ORDER REQUEST FORM - (Use for Rodents and Rabbits Only)

PI NAME: _____ DATE OF REQUEST: _____

LAB/STUDENT NAME(S) (if applicable): _____ DEPARTMENT: _____

APPROVED VENDOR: _____ IF OTHER VENDOR, SPECIFY: _____

BARRIER PREFERENCE¹: _____ PROTOCOL #: _____

SPECIES: _____ IF OTHER SPECIES, SPECIFY: _____

STRAIN: _____

SHIP DATE: _____

FACILITY/RM #: _____

M _____ Qty _____ AGE: _____ WEIGHT: _____

F _____ Qty _____ AGE: _____ WEIGHT: _____

SPECIAL INSTRUCTIONS: _____

SURGICAL MODIFICATIONS (IF APPLICABLE): _____

FEED: _____

LIGHT CYCLE: _____ IF OTHER TIMES, SPECIFY: ON _____ OFF _____

BEDDING: _____ IF OTHER BEDDING, SPECIFY: _____

FACILITY: _____ ROOM #: _____

HOUSING PREFERENCE²: _____ IF GROUP HOUSED, SPECIFY # PER CAGE: _____

ENRICHMENT³:

____ Standard Nestlet ____ Cardboard house/tunnel ____ Enrivo-Dri™ (crinkle nest)
____ Polycarbonate house/tunnel ____ Polycarbonate house w/running wheel ____ Other _____

IF THERE ARE NOT ENOUGH MICE OF DESIRED SEX, WILL YOU ACCEPT MIXED SEXES TO EXPEDITE YOUR ORDER? ____Y ____N

WILL YOU ACCEPT A DIFFERENT AGE RANGE IF IT WILL EXPEDITE YOUR ORDER? ____ Y ____ N

If YES, specify acceptable ranges: _____

ORDER/P.I. NAME: _____ EMAIL: _____

OFFICE/LAB #: _____ CELL/HOME #: _____

EMERGENCY CONTACT INFO: _____

¹It is recommended that repeat orders of the same strain used in a particular study be acquired from the same barrier throughout the study. If no barrier preference is listed, whenever possible we will obtain animals from the barrier source of the original shipment.

²Single housing must be justified in your approved IACUC Protocol

³Withholding of enrichment must be justified in your approved IACUC protocol

EMAIL COMPLETED FORM TO ANIMALORDERS@RESEARCH.UMASS.EDU