ANIMAL REQUEST FORM  
VETERINARY RESOURCES  
ATTN: MORRIS SHANNON  
ROOM G-100, MSTF, EXT. 6-8291  
FAX 6-8538

DATE: ___________ INVESTIGATOR: ___________________ DEPARTMENT: _______________________

CAMPUS ADDRESS: ___________________ PLACED BY: ___________________ PHONE: ___________________

eUMB CHARGE ACCOUNT: ___________ FUND DEPARTMENT PROGRAM ___________ PCBU PROJECT ACTIVITY 3926

PREFERRED VENDOR: ___________________ REQUIRED DELIVERY DATE: ___________________
(48 hours stabilization period required prior to use)

APPROVED IACUC PROTOCOL NUMBER: ___________________ AREA TO BE HOUSED: ________________

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<tr>
<th>QUANTITY</th>
<th>STRAIN/STOCK/SPECIES</th>
<th>GENDER</th>
<th>AGE AND/OR WEIGHT</th>
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COMMENTS (Provide detailed order requirements): ________________________________________________

SPECIAL HUSBANDRY NEEDS (Provide detailed requirements): _______________________________________

REQUIRED USDA INFORMATION (The sum of A, B and C must equal the total number of animals ordered)

A. Number of these animals to be used involving no pain or distress? ____________________________

B. Number of these animals to be used with appropriate anesthetic, analgesic, or tranquilizer  
administered to avoid pain or distress? ____________________________

C. Number of these animals to be used involving pain or distress without the administration of  
anesthesia, analgesics, or tranquilizers? (REQUIRES SPECIFIC JUSTIFICATION AND APPROVAL)  
______________________________________________________________

1. WILL ANY HAZARDOUS AGENTS BE USED? ______ Yes ______ No  IF YES, PLEASE LIST  
Infectious Agents ________________________________________  
Chemical Carcinogens/Toxic Chemicals ___________________________  
Radioactive Substances ______________________________________

2. Will the animal be housed in the facility after use of hazardous agent? ______ Yes ______ No  
______________________________________________________________

SIGNATURE ____________________________________________________________

FOR VR USE ONLY

ORDER APPROVED BY ___________________ DATE ___________ PROTOCOL VALIDATED BY ___________ DATE ___________

PURCHASE ORDER NUMBER ____________________________________________

Date order placed with vendor: ___________________ Order placed with: ________________________

Person in VR placing order: ____________________________________________

☐ Emergency Order  
☐ Cancellation Order