



REQUEST FORM				For office use only	
				Signature	Received
					Date: Time:
LABORATORY ANIMAL					
Animal Sp:	Strain:	Number:	Weight:	Intended Use:(please tick):	
Date to be supplied:	Age:	IACUC No:	Sex:	Research	<input type="checkbox"/>
				Teaching	<input type="checkbox"/>
				Diagnostic	<input type="checkbox"/>
<p><b>Note:</b> Booking of laboratory animals must be made well before the date of requirement</p> <p>Rabbit      4 months before required date  Rat          2 months before required date  Mice         2 months before required date</p> <p><i>Special order (pregnant animals, new borns, etc.) can be made after discussion with the unit  The unit supplies laboratory animals only. Cages, food and drinking bottles are not provided</i></p>					
EXPERIMENTAL ROOM					
No. of rooms:	Animals housed: (Species)	Strain:	No. of animals:		
IACUC No:	Starting date:	Tentative ending date:			
Project title:					
Classification of study (please tick) <input type="checkbox"/> Infectious <input type="checkbox"/> Non-infectious					
Special needs: (if any, please clarify)					
REQUESTER					
Name(Principle Investigator):			Address (Principle investigator):		
Tel:	Fax:				
H/P:					
Email:					
Signature			Student Name: H/P:		
Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Research (Vot:		
(for Laboratory Animal)	Amount:	No:			
	Date of supply:	Receipt No:			
Room: Available/Not Available as Requested (for Experimental Room)					
Room No:	Date:	until:			
Alternative Date Recommended:					
Room No:	Date:	until:			
Signature Coordinator:					