

LABORATORY ANIMAL RESOURCES ANIMAL REQUEST FORM
Deliver completed form to LAR Office (D254), fax (919-513-2825), or email
[*\(LARoffice@ncsu.edu\)*](mailto:LARoffice@ncsu.edu)

FOR LAR OFFICE/FACILITY USE ONLY	
Requisition Number _____	
Number of Animals Received _____	Number of Cage Cards Created _____
Date Animals Received _____	Cage Card Number(s) _____
Location _____	Cost Center _____
Order Date _____	Vendor _____ PO# _____ Delivery Date _____

Date **IACUC Protocol #** **Principal Investigator on Protocol**
Contact Person **Contact Number /email address** **Account to charge #** **Department**
for billing **Name of person to charge, if other than the Principal Investigator listed above:**

ANIMAL ORDER INFORMATION

Species **Strain** **Vendor** **Delivery date:**
Animal /Project **End date:** **Quantity** **Weight** **and /or Age** **Male**
Female **Category Level** A B C D E

Is this a STANDING ORDER?: Qty per order WEEKLY BIWEEKLY MONTHLY
OTHER **Number of orders:** **Beginning Date of orders:**
List any other specific instructions for this order:

I authorize the LAR Administrative Office to bill the above account for any animal related expenses.

Investigator's Authorized Signature **Date**

HOUSING/ANIMAL CARE REQUIREMENTS: (some special services are subject to additional charges)

Housing Location: LAR Other (please specify)

Housing requirements (single, group, number per cage, cage type, etc.)

Will any bio-hazardous (radioactive, carcinogenic, infectious, toxic) or biological (tumor cells, tissues, sera or other biologics) substances be given to animals? NO YES **Describe:**

Special lighting requirements? NO YES **Describe:**

Non-standard diet: NO YES **Describe:**

Specific room temperature: NO YES **Describe:**

Autoclaved caging/water: NO YES **Describe:**

Any other special animal care requirements (please be specific):

**NCSU-CVM LABORATORY ANIMAL RESOURCES
EMERGENCY CONTACT INFORMATION**

Please use this form to update contact information for your group.
Return completed form to D254, LAR mailbox, or laroffice@ncsu.edu.

Date: _____

Principal investigator _____

Protocol number(s) _____

Species _____

Lab/office phone _____ **Home phone** _____

Pager _____ **Cell phone** _____

Email address _____

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Please list contact persons in the order to be contacted including the PI

Contact person #1: _____

Lab/office phone _____ **Home phone** _____

Pager _____ **Cell phone** _____

Email address _____

.....
Contact person #2: _____

Lab/office phone _____ **Home phone** _____

Pager _____ **Cell phone** _____

Email address _____

.....
Contact person #3: _____

Lab/office phone _____ **Home phone** _____

Pager _____ **Cell phone** _____

Email address _____

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If there are any changes to the information listed above, please contact the LAR administrative office at laroffice@ncsu.edu to request a new form or go to LAR Website at <https://cvm.ncsu.edu/lar-forms/>