LABORATORY ANIMAL RESOURCES ANIMAL REQUEST FORM

*Deliver completed form to LAR Office (D254), fax (919-513-2825), or email* (LARoffice@ncsu.edu)

<table>
<thead>
<tr>
<th>FOR LAR OFFICE/FACILITY USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition Number ____________________________</td>
</tr>
<tr>
<td>Number of Animals Received _______________ Number of Cage Cards Created __________________________</td>
</tr>
<tr>
<td>Date Animals Received _______________ Cage Card Number(s) __________________________</td>
</tr>
<tr>
<td>Location __________________________ Cost Center __________________________</td>
</tr>
<tr>
<td>Order Date _______________ Vendor _______________ PO# _______________ Delivery Date _______________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Species</th>
<th>Strain</th>
<th>Vendor</th>
<th>Delivery date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal/Project End date:</td>
<td>Quantity</td>
<td>Weight and/or Age</td>
<td>Male</td>
</tr>
<tr>
<td>Category Level</td>
<td>A ☐ B ☐ C ☐ D ☐ E ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ________________________________

*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 ______________________________

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/