***Northeastern University***

Division of Laboratory Animal Medicine (DLAM)

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**Website:** <https://dlam.neu.edu/>

**ANIMAL REQUISITION FORM**

|  |  |
| --- | --- |
| Date Submitted: |  |

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| --- |
| **I. GENERAL INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR:** |  | DEPARTMENT: |  |
| E-MAIL ADDRESS: |  |
| DIRECT PHONE #: |  | CELL PHONE # |  |
| **PRIMARY CONTACT:** |  |
| E-MAIL ADDRESS: |  |
| DIRECT PHONE #: |  | CELL PHONE # |  |
| PROTOCOL #: |  | PURCHASE ACCCOUNT #: |  | PER DIEM ACCOUNT # |  |

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| --- |
| **II. ANIMAL AND DELIVERY INFORMATION** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DELIVERY DATE: |  | VENDOR: |  | BUILDING/ROOM #: |  |
| SPECIES: |  | STRAIN: |  |
| QUANTITY & SEX: |  | MALE |  | FEMALE |  | AGE/WEIGHT: |  |
| ANIMALS PER CAGE: |  | Comments: |  |

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| **III. PLEASE ANSWER EACH QUESTION BELOW\*** |

|  |  |
| --- | --- |
| Will Biohazardous Materials, Hazardous Chemicals, or Radiation be used in these animals | [ ] YES [ ] NO |
| If so, describe: |  |
| Will Chemotherapy Drugs be used in these animals? | [ ] YES [ ] NO |
| Will tumors be implanted in these animals? | [ ] YES [ ] NO |
| If so, Tumor origin: [ ] Human [ ] Rodent.  | If rodent origin, have tumors have been tested? | [ ] YES [ ] NO |
| Will there be special care/animal husbandry requirements? | [ ] YES [ ] NO |
| If so, describe: |  |

***\*The use of any hazardous substances in animals must be discussed with the DLAM Director prior to start of experiment.***

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| **IV. DLAM USE ONLY** |

|  |  |  |  |
| --- | --- | --- | --- |
| DATE RECEIVED: |  | DATE ORDERED: |  |
| [ ] PROTOCOL CHECK  | [ ] HAZARDOUS MATERIAL CHECK  |
|  |
| ORDERED: |  | @ | $ | = | $ |
| ORDERED: |  | @ | $ | = | $ |
| SHIPPING & HANDLING: | $ |
| TOTAL: | $ |
|  |
| VENDOR REFERENCE#: |  |

## Rev: 7-2018