***Northeastern University***

Division of Laboratory Animal Medicine (DLAM)

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**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