***Northeastern University***

Division of Laboratory Animal Medicine (DLAM)

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**Website:** <https://animalcare.research.northeastern.edu/>

**ANIMAL REQUISITION FORM**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR:** |  | DEPARTMENT: |  |
| E-MAIL ADDRESS: |  |
| DIRECT PHONE #: |  | CELL PHONE # |  |
| **CONTACT PERSON/Cell #** *(Printed on cage card)* |  | CELL PHONE # |  |
| E-MAIL ADDRESS: |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROTOCOL #: |  | PURCHASE ACCT #: |  | PER DIEM ACCOUNT # |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DELIVERY DATE: |  | VENDOR: |  | BUILDING/ROOM #: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SPECIES: | [STOCK/STRAIN #](https://animalcare.research.northeastern.edu/dlamabout/animal-procurement/animal-delivery-dates-and-approved-animal-vendors/) | STRAIN: | SEX | QUANTITY: | 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** |

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| --- | --- | --- | --- |
| DATE RECEIVED: |  | DATE ORDERED: |  |
| [ ]  PROTOCOL CHECK  | [ ]  HAZARDOUS MATERIAL CHECK  |
|  |
| ORDER TOTAL: | $ | NOTES: |  |
|  |
| VENDOR REFERENCE#: |  |

## Rev: 3-2025