



Laboratory Animal Resource Center

Please complete the entire form and submit

PI

PI Phone Number

PI E-mail

Protocol Number

Order Placed By

Order Date

Department

FOP

Type of Fund

Request for Animals

Delivery Date Requested

Species

Strain Number/ID

Vendor

If Other, please specify

Age/Weight

Number of Male

Number of Female

Where should animals
be housed upon arrival?

If Other, please specify

How many animals per
cage?

Housing

Water

Feed, drug, services
request

PI Signature

Please submit to the LARC Coordinator, [Emma McMullen](#).

LARC Use Only:

LARC Director
Signature