**Section 1. To be completed by PI**

Principal Investigator (PI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Requesting the Order (if different from PI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IACUC Protocol Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2. To be completed by PI or person submitting the request**

| **Species** | **Strain** | **Sex** | **Age** | **Wt** | **# of Animals** | **Requested Date of arrival** | **Vendor** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Section 3**. To Completed by Animal Facility Manager and Signed only by the AFD or Veterinarian

* Check the number of animals that can be purchased on this protocol before approving request
* Remaining number of animals that can be ordered for this protocol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Request approved by (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: only the veterinarian or animal facility manager can approve. Approval date\_\_\_\_\_\_\_\_\_\_\_

| Date request received | Date of order placement  | Date of arrival of animals |
| --- | --- | --- |
|  |  |  |
| Animal Facility Manager Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Animal Facility Manager Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Animal Facility Manager signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |