# Laboratory Animal Resources Animal Request Form

**Section 1**

Investigator:       Ph:       E-Mail:

Contact Person:       Ph:       E-Mail:

Project Title:

Animal Use Protocol #:       Department/College:

**Section 2**

Date Animals Required:       Species:       Strain/Breed/Stock #:       Transgenic: Yes  No

No. of Animals Required: Male:       Female:       Either/Any Available:

Age or Wt. Range if appropriate:       Other Requirements for Animal Order:

**Section 3**

IACUC Approved Vendor:

**For non commercial sources please include the following information:**

Non Commercial Source/Institution:

PI Name:       PI Email:       PI Phone:

Veterinarian Name:       Veterinarian Email:       Veterinarian Phone:

Shipping Coordinator Name:       Shipping Coordinator Email:

**Section 4**

**For animals housed in LAR animal facilities only:**

Select facility from drop down menu:

**Special Requirements**

Type of Housing:  Animals Per Cage:       Light Cycle:

Special Diet (if any):       Room Number (if known):       Other:

**IF** TO BE HOUSED IN *INVESTIGATOR-MAINTAINED* FACILITY INCLUDE **Building and Room Number**:

**Section 5**

(Signature of PI is not necessary for the electronic submission of this form – it should be sent to [lar@indiana.edu](mailto:lar@indiana.edu) by the PI or copied to the PI.)

**LAR USE ONLY**

Approved (For non-commercial vendor approval given by Veterinarian):  Approved By:

Disapproved: Reason for Disapproval:

Req. # if applicable:       TOTAL NUMBER & DATE ANIMALS RECEIVED:

Revised 07/12 by LAR