MOREHOUSE
SCHOOL OF MEDICINE

CENTER FOR LABORATORY ANIMAL RESOURCES
Purchase Request Form for Research Animals
(Only one species and vendor per form)

Protocol Number _____ Order Date_____ Date Required_____

Purchase Order # _____ Investigator_____ Requested by_____

Department _____ Extension _____

Vendor: _____

Date Ordered: _____

Expected Arrival Date: _____

Species	Sex	Strain/Stock #	Quantity	Weight/Age	Price/Animal	# per cage	Building/Room	Duration of Study

Other Specifications (i.e. housing requirements, special diets, treated water, etc.) _____

_____

Pharmaceuticals used _____

Biohazard Agents _____ MSM Biosafety Approval # _____

Receiving Report

Date Received: _____ Time: _____ Person Notified: _____
Quantity Received: _____ Phone Extension: _____
Location of Animals: _____
Condition of Animals: _____

Signature: _____

FOR OFFICE USE ONLY:

Total Animal Cost: _____ Room Availability Confirmation: _____

Number of Crates: _____ Cost/Crate:_____ Freight:_____

TOTAL CHARGE: $_____

White Copy – PI File Yellow Copy – CLAR Pink Copy – Investigator