

P.O. # _____
(CMG Office Use Only)

Date: _____

ANIMAL REQUISITION FORM
Comparative Medicine Group
Email Form to cmg@vet.k-state.edu or deliver to 103 Coles Hall
Any questions call 532-5640

(Animal orders must be received by Noon on Wednesdays for animals to arrive the following week)

Protocol # _____ IBC # _____ Investigator _____ CMG Act #: _____
(CMG Office use only)

Department _____ Telephone # _____ Contact Person: _____

Length of Housing _____ Emergency Phone # _____ Email: _____

Order Specification:

Vendor _____ Delivery Date Desired: _____ Stock # _____

Species _____ Qty _____ Strain _____ Sex _____ Age* _____ Weight* _____

*If providing Weight and Age, which priority: _____

Add'l Info: _____

BIOSAFETY:

Will infectious agents, biohazards, radioactive materials, toxins, or other types of hazards be associated with this project? _____ If yes, **an electronic version of your BIOSAFETY MANUAL must be provided to CMG prior to placement of the animal order.**

Will you require usage of CVM-DLAB necropsy floor or carcass disposal? _____ No _____ Yes. If yes, specify:

ANCILLARY SERVICES (special feeding, housing, technical services, etc):

An approved IACUC protocol and, if required, an IBC Registration Document must be approved prior to ordering animals.

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Investigator _____ Date _____

CMG Director _____ Date _____

All orders must be approved by the Director of CMG.

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CMG OFFICE USE ONLY (last modified 11/19/09)

Usage Check: _____ Delivery Date: _____ Received Date: _____

Date Ordered: _____ Vendor Acct #: _____ Fed ID #: Yes ___ No ___

Vendor Phone #: _____ Start: ___ End ___

Cost Per Animal: _____ Building & Room #: _____ Initial: _____

Crate Cost: _____ Housing Instructions: _____

Shipping Cost: _____ Animal Technician: _____ Copy: _____

Fuel Surcharge: _____ Facility Manager/Hill Supervisor: _____ Copy: _____

Total Cost: _____ Rodent Colony Supervisor: _____ Copy: _____

Reference #: _____ CVM – DLAB: _____ Copy: _____

Vendor POC: _____ Notify PI: Verbal: _____ Email: _____ Call: _____