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| **Georgia Institute of Technology****Institutional Animal Care & Use Committee****Request for Vertebrate Animal Procurement** |
|  **Name of Person Submitting Request** Name:      Office/Cell Number:      Email:       |  **Animal Emergency Contact for Cage Card** Name:       Cell Phone:       Email:       |
| Preferred animal vendor *(Vendors must be approved).*      Campus Reference #:       |
| Principal Investigator:      IACUC Protocol Number including expiration date:       |
| WorkDay # to charge: *This MUST be the same funding source specified in the approved protocol. If not, the order will not be placed until the discrepancy is resolved.*       |
| Do not enter a p-card number on this form. The animal facility will charge the appropriate WorkDay number. |
| **Delivery Instructions** |
| **Housing must be preapproved by animal facility manager (see** [**Animal Housing Space Request Form**](https://oria.gatech.edu/sites/default/files/pdfs/IACUC/DAR_Animal_Housing_Request_form.docx)**)**[ ]  Deliver to IBB facility [ ]  Deliver to TEP facility[ ]  Deliver to EBB facility[ ]   Deliver to other (*Special Shipping below)* | Requested date of animal arrival | [ ]  Check if next regularly scheduled delivery date is acceptable. |
| **Special Shipping Instructions** |
| *If delivery is to be made to location other than PRL, specify name and telephone number of individual to receive animals:* Name: Phone Number: For delivery location other than animal facility, specify building name, street address, and room number: |
| **Specify Animal Order** |
| *Common Name* | *Species**Stock (required), Strain, and genotype (if applicable)* | *Weight/Age Range Description (For timed pregnant animals, specify gestation at arrival)* | *# of Animals* | *Sex:* *(M, F, Either)* |
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| **Certifications by Principal Investigator, Co-PI, lab manager, or official designee:** |
| **CERTIFICATIONS:** I certify that the number of animals requested in this order *plus the number of animals received in previous orders* does not exceed the number of animals approved by the IACUC for this protocol. I further certify that these charges are allocable to the funding source whose WorkDay # is specified above and that this funding source is specified in this IACUC approved protocol. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Person Placing Order Signature of Person Placing Order Date |
| **Submit completed form to** **animalorders@dar.gatech.edu****In the event that the exact age, weight, or stage of pregnancy requested isn’t available, please indicate a second choice that is acceptable in the body of your email.** |
| *Animal Facility Use Only* |
| [ ]  *Animal Housing Space Request is on file.**[ ]  Animal numbers have been verified.**[ ]  Interdepartmental charge form with funds on file.* *[ ]  Approved IACUC protocol expiration verified.*Signature: animal facility manager or delegate | *Animal Facility Housing Location Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cage Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Shipment Arrival Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Vendor’s order Reference # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |