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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)* |
|  |  | |  | | |  |  |
| **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**](mailto: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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |