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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (PI) Name: | | | | | |  | | | | | | | | | | Date: | |  |
| Protocol Number: | | |  | | | | | | | | | | | | | | | |
| Account (Speed type) Number: | | | | | |  | | | | | | Requested Delivery Date: | | | | |  | |
| Vendor: |  | | | | | | | | | | Catalog Number (optional): | | |  | | | | |
| Species: | |  | | | | | Strain: | |  | | | | | | | | | |
| Number of Females: | | | |  | | | | | | Number of Males: | | |  | | | | | |
| Weight or Age: | | |  | | | | | Number of Animals per Cage: (per the Guide) | | | | | | |  | | | |
| Cage Card Contact Email: | | | | |  | | | | | | | | | | | | | |
| **Request** (i.e., special housing [non-opti mouse/rat], breeding, etc.): | | | | | | | | | | | | | | | | | | |

The PI is responsible for the accurateness of the information submitted above.

Email completed form to [AndoverVivarium@uml.edu](mailto:AndoverVivarium@uml.edu) for processing.

**FOR ANIMAL CARE TECHNICIAN USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Received by: |  | Date: |  |
| Observations: |  | | |
| Housed by: |  | Date: |  |
| Observations: |  | | |