|  |  |  |  |
| --- | --- | --- | --- |
| 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 for processing.

**FOR ANIMAL CARE TECHNICIAN USE ONLY**

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