

VIVARIUM PURCHASE REQUISITION

DEPARTMENT _____

DATE SUBMITTED _____

ARRIVAL DATE	QUANTITY	SPECIES	SEX	STRAIN/STOCK #	AGE/WEIGHT

INVESTIGATOR _____

VENDOR

ACCT NO _____

UCAR # _____

1-way/2-way

Arrival Date Requested

ORDERD BY _____

TELEPHONE NO _____

BOX NO _____

DESIRED HOUSING AREA _____

RODENT HOUSING STRATEGY STANDARD MICRO

WILL BIOHAZARDS OR OTHER HAZARDOUS AGENTS BE ADMINISTRATED TO THESE ANIMALS IN **THIS** ROOM? (REQUIRED) YES NO

NUMBER OF ANIMALS TO BE CAGED _____