



UT Memphis Department of Comparative Medicine  
**ANIMAL REQUISITION FORM**

No: \_\_\_\_\_

**BILLING INFORMATION** Please type or print. This form must be complete to be processed.

DCM Acct #: \_\_\_\_\_

Order Date: \_\_\_\_\_ Project Director: \_\_\_\_\_ Protocol #: \_\_\_\_\_

Account #: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person placing order: \_\_\_\_\_



**ORDERING INFORMATION:** (one species per requisition) \_\_\_\_\_ standing Order every \_\_\_\_\_ until \_\_\_\_\_

Species: \_\_\_\_\_

Source (check one):  Charles River  Harlan  Jackson  Other (please list): \_\_\_\_\_

Qty	Sex	Wt or Age	Date Needed	Other Information	DCM USE ONLY

**CARE & HOUSING INFORMATION:**

Preferred Housing Building:  Coleman  Nash  Molecular Science  VA Medical Center  
 Location:  8wk Q  Acute Q  Closed Barrier  Open Barrier Room # \_\_\_\_\_

Special Care Instructions: \_\_\_\_\_

Upon animal arrival, contact: \_\_\_\_\_ @ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**BIOSAFETY:**

Will animals associated with the project be exposed to infectious agents, biohazards, radioactive materials, toxins, human tissues, or other types of hazards?  Yes  No If yes, what is the nature of the exposure? \_\_\_\_\_

**REQUIRED INFORMATION FOR THE ANIMAL WELFARE ACT ANNUAL REPORT**

Complete the appropriate categories below.

**NOTE:** The total number of animals indicated in the three categories must equal the total number of animals ordered.

Class 1: \_\_\_\_\_ (qty) of these animals will not be subjected to pain or distress other than that associated with venipuncture or injections of non-painful substances.

Class 2, 3, or 4: \_\_\_\_\_ (qty) of these animals will receive appropriate anesthetics or analgesics to alleviate unavoidable pain or distress.

Class 5: \_\_\_\_\_ (qty) of these animals will be subjected to pain or distress without the benefit of anesthetics or analgesics.

**THE ANIMALS PURCHASED ON THIS REQUISITION WILL BE USED IN ACCORDANCE WITH THE ABOVE REFERENCED PROTOCOL AS APPROVED BY THE UT MEMPHIS ANIMAL CARE & USE COMMITTEE.**

PROJECT DIRECTOR OR DESIGNEE: \_\_\_\_\_  
 (signature)