**Health Sciences Center**

**Animal Resources Center**

**ANIMAL REQUEST FORM**

1. **Principal Investigator:**

**Name:** Click or tap here to enter text.

**College/Department:** Click or tap here to enter text.

**Mobile phone number** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Signature & date** Click or tap here to enter text.

1. **Research Project details:**

**Project Title:** Click or tap here to enter text.

**Project No:** Click or tap here to enter text. **Funding agency** Click or tap here to enter text.

**Duration (Starting - Ending dates)** Click or tap here to enter text.

**Ethical approval number** Click or tap here to enter text.

1. **Animals Requested:**

**Species/Strain** Click or tap here to enter text. **Age/sex/weight** Click or tap here to enter text.

**Total number approved for the project** Click or tap here to enter text.

**Number of animals previously released** Click or tap here to enter text.

**Number of animals requested** Click or tap here to enter text.

**Required date of supply** Click or tap here to enter text.

**4. Personnel responsible for handling animals after release for the project**

**Staff/ Student name:** Click or tap here to enter text.

**Certification of animal handling:** Click or tap here to enter text.

**Phone number** Click or tap here to enter text.

**Emergency contacts** Click or tap here to enter text.

**ARC Office Use**

**Technical staff in charge:** Click or tap here to enter text.

**Chief technician remarks/Approval:** Click or tap here to enter text.

**ARC director remarks/Approval:** Click or tap here to enter text.