



SAF Number _____

Date Received: _____

CAGE CARD REQUEST FOR NEWLY WEANED, UNWEANED

To be completed by Investigator or LAF Personnel after weaning animals to obtain cards or to account for animals used that were not weaned. A separate sheet must be completed for different weaning months.

Requestor: _____
 Investigator: _____
 Department: _____
 Protocol Number: _____
 Phone #: _____ Email: _____
 Contact Person: _____ Phone: _____

SPECIES
CIRCLE ONE
 MICE
 RATS
 Other

HOUSING LOCATION
CIRCLE ONE
 BEB BRB/SPF
 HOCH PARK
 RIA CTRC
 Pharmacy
 JSMBS
 Room # _____

Housing Type: (CHECK ONE) CONVENTIONAL STERILE Filter STERILE (BRB/CTRC/JSMBS) BSL2

Card Request for: (CHECK ONE) NEWLY WEANED UNWEANED

Date of Birth	Wean Date	Strain	# of Females	# of Males	Comment on cage Card

***Please place asterisk (*), in margin, to indicate a new strain**

Total number of cards requested on this form:

#Pups used prior to weaning (ethanized prior to weaning/submitting this form)

Requestor Signature: _____ Date: _____

Please email this form (emailed copies are sufficient) to:

Miriam Moldenhauer-Majewski <mmoldenh@buffalo.edu>; Lisa Powell <lrpowell@buffalo.edu>;
 Cindy Pendleton <clpendle@buffalo.edu> **Originals do not need to be submitted.**