

**COMPARATIVE MEDICINE & LABORATORY ANIMAL FACILITIES**

**SUPPLY REQUEST FORM**

Principal Investigator Name \_\_\_\_\_ Date \_\_\_\_\_

Protocol Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Building \_\_\_\_\_ Animal Holding Room # \_\_\_\_\_

**FOR CONTROLLED DRUGS ONLY:**

DEA Approved Lock Box       Yes     No

Authorized Signature (P.I. or Department Chairperson) \_\_\_\_\_

NOTE: All controlled substances must be stored in an approved lock box. Usage inventory must be maintained on all controlled substances. All empty bottles, unused drug, or expired drug with the associated inventory sheet must be returned directly to an LAF Veterinary Technician or Veterinarian.

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_

Person picking up order (please print) \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Rush orders (items not stocked, requested with less than 2 weeks' notice) will incur an additional Vet Tech labor fee.\*\***

**FOR LAF USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Billed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_