University at Buffalo The State University of New York

Laboratory Animal Facilities

Special Charge _____.

UNASSIGNED ANIMAL PURCHASE FORM

IACUC NUMBER: (REQUIRED)		
P.I. NAME (per IACUC):	TELEPHONE NUMBER:	
DEPARTMENT:	STATE ACCT #:	
	UBF ACCT#:	
ADDRESS:	RF Project/Award #:	
ANIMALS ARE TO BE HOUSED (Room # & Bldg.):		
DATE NEEDED OR TAKEN:	STRAIN:	SEX:
CAGE CARD NUMBER(S) AND/OR IDs:		

QUANTITY	**SPECIES**
	MICE – OUTBRED
	MICE – INBRED
	RAT – UNWEANED – UNDER 50 GRAMS
	RAT – 50 – 149 GRAMS
	RAT – 150 – 224 GRAMS
	RAT – 225 – 299 GRAMS
	RAT – 300 GRAMS AND OVER
	OTHER:

_____ _____

Authorization Approval Signature of Area Supervisor or Caretaker Date

_____ _____

Signature of Department Chairman/Principal Investigator Date 5/20/09