

**Office of Laboratory Animal Care
University of Tennessee**

Non-Agricultural Research Animal Requisition Form

Order Date: _____ Project Director: _____ Protocol #: _____

School/College: _____ Department: _____

Email: _____ Phone: _____ Fax: _____

Name of person placing order: _____ Phone: _____

Ordering Information: (one species per requisition)

Species: _____ Strain or Stock: _____

Source (check one): Charles River Harlan Jax Lab Other (describe below)

Qty.	Sex	Wt. or Age	Date Needed or Arrival Date	Other Information/Special Considerations

Housing Information:

Preferred Housing Location: Walters Life Sciences Medical Center JARTU

Vet Med Lab Animal Facility Cherokee Animal Facility Human Ecology

VTH Research Runs Satellite (please list) _____

Veterinary Care Information:

Individual to be contacted in case of emergency:

Name Home Phone Campus Phone

If other than OLAC veterinarians, please list who will provide veterinary care for these animals:

Has the attending veterinarian designee form been completed: yes no