**University of Delaware • Office of Laboratory Animal Medicine  
Request for Animals**

|  |  |
| --- | --- |
| **Principal Investigator:** | **AUP #:** |
| **Work Phone Number:** | **E-Mail:** |
| **Purpose Code:** |  |

**Species:**

**Vendor:**

**Amount:**

**Strain:**

**Sex:**

**Age:**

**Delivery Date:**

**Housing on Arrival**: Room number (if known):

Group

Pair

Single

**Enrichment:** Yes

No

**Other Special Requirements:**

***To submit this form, please e-mail it to:*** [**lam-work@udel.edu**](mailto:lam-work@udel.edu)

**Please note that Purpose Code and AUP # must be provided for the order to be placed**