**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**

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