

**University of Delaware**

**Office of Laboratory Animal Medicine**

**Request for Animals**

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

**Species:**

**Vendor:**

**Amount:**

**Strain:**

**Sex:**

**Age:**

**Delivery Date:**

**Housing on Arrival:** 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**