VMU ANIMAL REQUISITION FORM (5TH REVISION)

[FOR ORDERING ANIMALS THROUGH VA, STANFORD OR PAIRE ACCOUNTS]

Instructions:

1. Complete all pertinent information, as indicated by the heavy line on the left of the page. **Then send this form to Dr. Penelope Collins (she will be verifying the health status of all animals prior to ordering) via Fax (X 63245), or alternatively, you may bring a paper copy to Dr. Collins at the VMU. For questions you may call Sarah Borjal at 66853.**
2. The order will be approved by Dr. Collins and sent to Sarah Borjal, who will forward your order to the appropriate purchasing agent who will order the animals. **Note: No orders will be placed unless this order is approved in writing (by Dr. Collins) and sent by Sarah (Michele as alternate) to the purchasing agent.**

Requestor Information:

Name	Phone number	Fax	Email	Signature (PI required)
PI :				
Requestor:				

Account Information:

Check the entity administering the account.

☐ **VA** ☐ **Stanford** ☐ **PAIRE**

VA ACORP Number:		APLAC # (if Stanford Administered):	
Account Number:		Budget Authority (Person's name)	

VA & PAIRE Accts= Investigator, Stanford Accts=Investigator or Dept. Admin.

Animal information:

Date of Request:		Delivery Method: ☐ Air ☐ Vendor Truck ☐ Other:					
Vendor:		Catalog #:					
Qty:		Unit Cost ($):		Total Cost ($): (+ shipping & sales tax)		**Requested VMU Room for housing**	
Species:		Strain:		Sex:	☐ M ☐ F		
Age (years):		Weight Range (lbs):		Requested Arrival Date:			

USDA Pain Category* ☐ B ☐ C ☐ D ☐ E

USDA PAIN CATEGORY DEFINITIONS: **B** - Animals will be bred or purchased for breeding, but not used for experiments. **C** – Animals that will undergo research procedures that involve only brief or no pain/distress. **D** – Animals that undergo research procedures involving potential pain or distress that is relieved by appropriate anesthetics, sedatives or analgesics. **E** - Animals that undergo research procedures in which pain or stress is NOT relieved by the use of anesthetics, analgesics, tranquilizers, or by euthanasia.

Comments:	

All information below this point is for administrative use only.

APPROVAL BY VMU

APPROVAL SIGNATURE: (Sarah Borjal or Michele Gaouette)

TRACKING # (FROM ARM):

APPROVAL DATE:

Note to the ordering authority: Do not place the order without the proper signature. Place order information below.

Internal PO #	Order Date	Delivery Date	Order Placed By	At Vendor – Order taken by	Vendor Reference No.

Revised and Approved for use by Stanford, VA and PAIRE on 10-13-00.
Revision 5, 6-4-02 For an electronic copy of this form, send a request to Sarah.Borjal@med.va.gov