

ANIMAL RESOURCES CENTER

UNIVERSITY OF PUERTO RICO, MEDICAL SCIENCES CAMPUS

SPACE REQUISITION FORM

(BRINGING THIS FORM TO THE ARC DOES NOT GUARANTEE THE SPACE, IT HAS TO BE APPROVED BY THE ARC)

			DAIE	SUMMII	IEV			IIM	E:	
INVESTIGATOR		DEPARTMENT					OFIFICE			
						PHONE	EMERGEN	CV		
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PROTOCOL NO.	TITLE									
PROJECT TECH	<u> </u>									
PROJECT TECH		☐ RESEARCH PROJECT ☐ TEA				ACHING PROJECT PRIVATE PROJECT				
INVESTIGATOR MUST SUMMIT THE FOLLOWING DOCUMENTS:										
IACUC approval Yes □ No	Yes □ No □ Proposal copy Yes □ No □ Animal Study Proposal Yes □ No □							lo 🗆		
IACUC Continuing Education Courses (Specify name, course title and date) Biosafety approval Yes No N/A							NI/A 🗖			
IACUC Continuing Education Cour	ses (Specit	name, course	e title and da	ite)	Biosare	ety appi	rovai	res 🗀 r	NO L	N/A □
DECLUDED LICEA AAALAG NUU COMBI IANGE										
REQUIRED USDA, AAALAC, NIH COMPLIANCE WILL THE STUDIES PROPOSED INVOLVE ANY OF THE FOLLOWING:										
			YES	NO						
1. PAIN OR DISTRESS TO THE ANIMALS YES NO 2. USE OF ANALGESICS, ANESTHETICS, ETC. YES NO										
3. USE OF INFECTIOUS AG		, -· - ·	YES_	NO	SPEC	CIFY				
3. USE OF INFECTIOUS AGENTS YES NO SPECIFY										
5. USE OF RADIOACTIVE ISOTOPES YES NO SPECIFY										
SPECIAL REQUIREMENTS NEEDI		r)								
NECROPSY REQUEST Yes [,	,						
TRANSPORT CAGES NEEDED Y	es ⊔ N	DAI DAI	E/_	/		AMOUN	NI			
ANIMALS SPECIFICATIONS AND DATES										
EXPECTED ARRIVAL SOURC	E / P.O or	SPECIES	STRAIN	QTY.	WT.	SEX	AGE	START D	ATE	END DATE
CLIE	NT NO.									(PER BATCH)
		PAYMEN [®]	T FOR SER	VICES						
SOURCE FOR FUNDS			ACC	OUNT N	0.					
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CRA ADM. AUTHORIZATION	□YES I	⊒no in	ITIALS			Г	DATE	1		1
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☐ ST. ORD. ☐ OBL. FNDS. ☐ ORD. NOW. SUP. AUTH.										
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SPACE APPROVAL YES	SPACE	ASSIGNED			D/	ATE		TEC	CH	
SPACE APPROVAL □ NO	DATE		TECH			REA	SON:	□ACC0	UNTS	DUE
C NO MAGNO APPROVAL LETTER CONSTRUCTION APPRO										
□ NO IACUC APPROVAL LETTER □ NO BIOSAFETY APPROVAL LETTER □# AUTHORIZED ANIMALS USED										
□EXPIRED PROTOCOL □S	SPACE OR C	CONDITIONS R	EQUIRED N	OT AVAI	LABLE		□ OTHE	ER		
									_	

ARC USE ONLY

AUTHORIZATION

AUTHORIZATION			
REVIEW	YES	NO	COMMENTS
IACUC approval			
Animal Study			
Proposal copy Proposal copy		 	
Proposal copy			
Biosafety approval			
N/A 🗆			
IACUC Continuing			
Education Courses		\Vdash	
# Animals authorized and balance			ļ
Space or required		╟─┤	
conditions available			
Account conditions			
PRE-DELIVERY INFORM	ATION		
SOURCE DELIVERY O	ONFIRM	NOITAN	I: ☐ YES ☐ NO DATE: / /
			-
TRANSPORT(INCLUDE DA			
AIR BILL NO. / SOUR	CE CON	TACT P	ERSON / PHONE AIR TRANSPORT INF.
			-
TERRESTRIAL TRANS	PORT /	CONT	ACT PERSON / PHONE
INVESTIGATOR COMM	MENTS		
			-
RECEIVING INFORMATION)N		
ARRIVAL DATE	/14	RI	ECVD CONDITIONS SAT. NOT SAT. AMOUNT RCVD. DEAD ANIMALS NO.
	NIMALS		VED WITHOUT NOTIFICATION FROM SOURCE
☐ ANIMALS ARRIVED			
RESULTS DSOURCE	SEND M	IORE A	NIMALS QTY: DATE: DOTHER
ST. ORD. ARRIVAL DA	TE / AM	OUNT:	
PERSON NOTIFIED			DATE TIME TECH
COMMENTS			