

**University of Kansas (KU)
Animal Care Unit (ACU)**

Non-Approved Vendor Source Rodent Request

TO BE COMPLETED BY KU INVESTIGATOR

KU Principle Investigator:

IACUC Protocol Number:

Institution of Origin:

Institution of Origin Contact Information

	Name	Phone	Fax	Email
Investigator				
Veterinarian				
Shipping Coordinator				

Animals Requested

Strain/Stock	Sex	Age/Weight	Number Requested

Special procedures requested during quarantine

Breeding Acute use (within 1 week of arrival) Other (please describe)

TO BE COMPLETED BY ACU PERSONNEL

Courier:	Courier Phone:	Airbill:
Pick up Date:	Delivery Date:	
Responsible party for import charges:		
Comments:		