

SAF Number _____

Date Received: _____

CAGE CARD REQUEST FOR NEW WEANED, UNWEANED, IMAGING FROM RPCI

To be completed by Investigator or LAF Personnel after weaning animals to obtain cards or to account for animals used that were not weaned, or to create new cards for animals transferred from RPCI for imaging

| | | | | | | |
|--|---|---------|------------|------|------|-------|
| Wean Date ____/____/____ Requestor: _____ Investigator: _____ Department: _____ Protocol Number: _____ Account #: _____ Contact Person: _____ Phone: _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td align="center">SPECIES</td></tr> <tr><td align="center">Circle one</td></tr> <tr><td align="center">MICE</td></tr> <tr><td align="center">RATS</td></tr> <tr><td align="center">Other</td></tr> </table> | SPECIES | Circle one | MICE | RATS | Other |
| SPECIES | | | | | | |
| Circle one | | | | | | |
| MICE | | | | | | |
| RATS | | | | | | |
| Other | | | | | | |

| |
|------------------|
| HOUSING LOCATION |
| Circle one |
| BEB |
| BRB/SPF |
| HOCH |
| PARK |
| RIA |
| Room # _____ |

HOUSING TYPE (CIRCLE ONE) **Conventional** **Filter Sterile**

Card Request for: (Circle One) **Newly Weaned** **Unweaned** **Imaging from RPCI**

| Date of Birth | Strain | # of Males | # of Females | Comment on cage Card |
|---------------|--------|------------|--------------|----------------------|
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Requestor Signature: _____ Date: _____

Please submit form to LAF Office, in facility where animals are housed or email to:
 Miriam Moldenhauer-Majewski <mmoldenh@buffalo.edu>;