



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)

DATE SUBMITTED ____ / ____ / ____ TIME: ____

INVESTIGATOR	DEPARTMENT	PHONE	OFFICE
			EMERGENCY
PROTOCOL NO.	TITLE		
PROJECT TECH	<input type="checkbox"/> RESEARCH PROJECT	<input type="checkbox"/> TEACHING PROJECT	<input type="checkbox"/> PRIVATE PROJECT

INVESTIGATOR MUST SUBMIT THE FOLLOWING DOCUMENTS:

IACUC approval Yes <input type="checkbox"/> No <input type="checkbox"/>	Proposal copy Yes <input type="checkbox"/> No <input type="checkbox"/>	Animal Study Proposal Yes <input type="checkbox"/> No <input type="checkbox"/>
IACUC Continuing Education Courses (Specify name, course title and date)		Biosafety approval Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

REQUIRED USDA, AAALAC, NIH COMPLIANCE

WILL THE STUDIES PROPOSED INVOLVE ANY OF THE FOLLOWING:

1. PAIN OR DISTRESS TO THE ANIMALS YES ___ NO ___
2. USE OF ANALGESICS, ANESTHETICS, ETC. YES ___ NO ___
3. USE OF INFECTIOUS AGENTS YES ___ NO ___ SPECIFY _____
4. USE OF TOXIC MATERIALS YES ___ NO ___ SPECIFY _____
5. USE OF RADIOACTIVE ISOTOPES YES ___ NO ___ SPECIFY _____

SPECIAL REQUIREMENTS NEEDED (SPECIFY) _____
 NECROPSY REQUEST Yes No
 TRANSPORT CAGES NEEDED Yes No DATE ____ / ____ / ____ AMOUNT _____

ANIMALS SPECIFICATIONS AND DATES

EXPECTED ARRIVAL	SOURCE / P.O or CLIENT NO.	SPECIES	STRAIN	QTY.	WT.	SEX	AGE	START DATE	END DATE (PER BATCH)

PAYMENT FOR SERVICES

SOURCE FOR FUNDS	ACCOUNT NO.
CRA ADM. AUTHORIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS _____	DATE ____ / ____ / ____

ARC USE ONLY

ST. ORD. OBL. FNDS. ORD. NOW. SUP. AUTH. _____

SPACE APPROVAL <input type="checkbox"/> YES	SPACE ASSIGNED	DATE	TECH
SPACE APPROVAL <input type="checkbox"/> NO	DATE	TECH	REASON: <input type="checkbox"/> ACCOUNTS DUE
<input type="checkbox"/> NO IACUC APPROVAL LETTER	<input type="checkbox"/> NO BIOSAFETY APPROVAL LETTER	<input type="checkbox"/> # AUTHORIZED ANIMALS USED	
<input type="checkbox"/> EXPIRED PROTOCOL	<input type="checkbox"/> SPACE OR CONDITIONS REQUIRED NOT AVAILABLE	<input type="checkbox"/> OTHER _____	

