



SAF Number _____

Date Received: _____

CAGE CARD REQUEST FOR NEWLY WEANED, UNWEANED

To be completed by Investigator or LAF Personnel after weaning animals to obtain cards or to account for animals used that were not weaned. A separate sheet must be completed for different weaning months.

Requestor: _____	SPECIES CIRCLE ONE MICE RATS Other -----
Investigator: _____	
Department: _____	
Protocol Number: _____	
Phone #: _____ Email: _____	
Contact Person: _____ Phone: _____	

HOUSING LOCATION	
CIRCLE ONE	
BEB	BRB/SPF
HOCH	PARK
RIA	CTRC
Pharmacy	
JSMBS	
Room #	_____

Housing Type: (CHECK ONE) ☐ CONVENTIONAL ☐ STERILE ☐ Filter STERILE (BRB/CTRC/JSMBS) ☐ BSL2

Card Request for: (CHECK ONE) ☐ NEWLY WEANED ☐ UNWEANED

Date of Birth	Wean Date	Strain	# of Females	# of Males	Comment on cage Card

***Please place asterisk (*), in margin, to indicate a new strain**

Total number of cards requested on this form:

#Pups used prior to weaning (euthanized prior to weaning/submitting this form)

Requestor Signature: _____ Date: _____

Please email this form (emailed copies are sufficient) to:

Miriam Moldenhauer-Majewski <mmoldenh@buffalo.edu>; Lisa Powell <lrpowell@buffalo.edu>;

Cindy Pendleton <clpendle@buffalo.edu>; Susan Campbell <susancam@buffalo.edu>

Originals do not need to be submitted.