



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 ----- -----	HOUSING LOCATION CIRCLE ONE BEB BRB/SPF HOCH PARK RIA CTRC Pharmacy JSMB Room # _____
Investigator: _____		
Department: _____		
Protocol Number: _____		
Phone #: _____	Email: _____	
Contact Person: _____	Phone: _____	

Housing Type: (**CHECK ONE**) CONVENTIONAL STERILE Filter STERILE (BRB/CTRC/JSMB) 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 <lpowell@buffalo.edu>;

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

Originals do not need to be submitted.