

ANIMAL PURCHASE REQUEST				KSU Comparative Medicine Group 103 Coles Hall, 1620 Denison Ave., Manhattan, KS 66506 cmg@vet.k-state.edu TEL 785.532.5640 FAX 785.532.5682		CMG Use Only:			
PART 1 – Submit to CMG Office at least 2 weeks prior to the desired delivery date.						Request Date:			
Principal Investigator/Instructor (PI):		College/Dept./Unit:		Office Phone No.:		Mobile Phone No.:		Email Address:	
Authorized Designee/Alternate POC:		College/Dept./Unit:		Office Phone No.:		Mobile Phone No.:		Email Address:	
IACUC Protocol No.:		IACUC Protocol Exp. Date:		IBC Protocol No.:		IBC Protocol Exp. Date:			
Number of Animals:	Animal Species:		Strain/Stock/Breed:		Sex:		Age Range:		Weight Range:
Preferred Vendor/Source:		Desired Delivery Date:		Housing/Study Length:			Est. Study End Date:		
Other Animal Requirements/Specifications:									
Special Shipping/Delivery Requirements:									
Special Animal Housing/Husbandry/Transportation/Research Support Required (e.g., room lighting/temp/humidity, feeding, caging, housing, transportation, tech support, etc.):									
CVM/VDL Support Required (e.g., necropsy floor, carcass disposal, tissue digester, etc.):					CVM/VHC Support Required (e.g., animal housing, surgery, imaging, etc.):				
Special Biosafety/Biohazard Requirements (check applicable animal biosafety level(s) and list hazardous agent(s), required PPE, special safety procedures/practices, etc.):									
N/A		ABSL-1		ABSL-2		ABSL-3		ABSL-3Ag	
Charge Animal Purchase to FSIS Account No.:				FSIS Account Holder Signature (If different from PI):				Date:	
				PI Signature (or authorized designee):				Date:	
PART 2 – CMG Director Approval									
Name: Denver Marlow, DVM, DACLAM				Signature:				Date:	
PART 3 – Animal Purchase Order Processing Checklist & Distribution (CMG USE ONLY)									
Date Request Received:		Date Order Received:		Assigned Technician:					
IACUC Use Check:		Received By:		Rodent Colony Supervisor:					
Vendor/Source:		Number of Animals Received:		Facility Manager:					
Vendor POC:		Animal Per Diem Code(s):		Clinical Veterinarian:					
Vendor POC Phone No.:		Animal Facility/Room:		CVM/VDL/Necropsy:					
Vendor CMG Acct. No.:		Pen/Cage Housing Density:		CVM/VHC:					
Vendor Catalog/Item No.:		USDA Animal ID Number(s):		VPR/BRI:					
CMG Order No.:									
CMG Order Date:									
Vendor Order/Conf. No.:									