

ANIMAL PURCHASE REQUEST				KSU Comparative Medicine Group 143 Coles Hall, 1620 Denison Ave., Manhattan, KS 66506 cmg@vet.k-state.edu Tel 785.532.5648 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.:	
Authorized Designee/Alternate POC:		College/Dept./Unit:		Office Phone No.:		Mobile Phone No.:	
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.):							
<div style="display: flex; justify-content: space-around;"> N/A ABSL-1 ABSL-2 ABSL-3 ABSL-3Ag </div>							
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:				Signature:		Date:	
Jason Grady, DVM, MS, DACVIM							
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/BR/:			
CMG Order No.:							
CMG Order Date:							
Vendor Order/Conf. No.:							