

Texas A&M University
Comparative Medicine Program
Live Animal Request Form
For Live Animals Only

Please send the completed form to CMP Mail Stop 4473 or Fax to 845-6706.



Investigator: _____ **Department:** _____

AUP: _____ **Phone:** _____

AUP Expiration: _____ **Email:** _____

Account #: _____ **Contact Person:** _____

Requested Location: _____ **Email:** _____

Species: _____ **Strain:** _____

Age: _____ **Sex:** _____ **Quantity:** _____

Special Requirements: _____

Please read and check all of the appropriate boxes:

- My IACUC approved AUP allows the "Transfer from other Texas A&M Animal Use Protocols" as a source of animals (Section 8.2).
- I understand that animals transferred to my IACUC approved AUP will be deducted from protocol numbers.
- I certify that these animals will only be used as described in the approved AUP and that the AUP includes this species, sex, and strain.

Signature: _____ **Date:** _____

<i>(CMP Office Use Only)</i>		
<u>Offered</u>	<u>Transferred</u>	<u>Comment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____