

## LABORATORY MANAGEMENT OFFICE KULLIYYAH OF SCIENCE

## ANIMAL REQUEST FORM

| A. Application Details Info   | rmation                            |                    |                                   |                   |                   |                           |
|---|------------------------------------|--------------------|-----------------------------------|-------------------|-------------------|---------------------------|
| Name : Matrix/Staff No. : Dept. / Kull. / Ins. : Project Title : Supervisor :   | Contact No. :   Item Needed Date : |                    |                                   |                   |                   |                           |
| Co-supervisor (if any) : Request Date :   |                                    |                    |                                   |                   |                   |                           |
|   |                                    |                    |                                   |                   |                   | B. Animal's Detail Inform |
| Species  ☐ Rat*   | ☐ Male                             | Sex                | Weight (g/kg)                     | Age               | Quantity          |                           |
| ☐ Mice*   | $\square$ Male                     | ☐ Female           |                                   |                   |                   |                           |
| ☐ Guinea Pig**  | ☐ Male                             | ☐ Female           |                                   |                   |                   |                           |
| ☐ Others (please specify)   | ☐ Male                             | ☐ Female           |                                   |                   |                   |                           |
| Special Request:  | _                                  |                    |                                   |                   |                   |                           |
| *For rats and mice, please place of ** For guinea pigs, please place of I hereby certify that I will adhere Handbook".  Requested by; | an order at leas                   | t 4 months in adva | nce.                              | ah of Science Lab | oratory Managemen |                           |
| Name:   |                                    | _                  |                                   |                   |                   |                           |
| Date:   |                                    |                    |                                   |                   |                   |                           |
| Recommended by;   |                                    |                    | Approved i                        | by;               |                   |                           |
| Sign & stamp<br>(Supervisor/Co-Supervisor)<br>Date:   |                                    |                    | Sign & sta<br>(Science O<br>Date: |                   |                   |                           |
|   | Fo                                 | or Laboratory O    | Office Use Only                   |                   |                   |                           |
| Issued by :   |                                    | Received by :      |                                   |                   |                   |                           |
| Date : Date :   |                                    |                    |                                   |                   |                   |                           |

Note: Please use the attachment if space is insufficient.
Please keep a copy of this form for your reference.