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|  | Research Animal Facility Faculty of Health Sciences University of Cape Town | Chris Barnard Building Room 2.25 Anzio Road, Observatory, 7925 Tel: (021) 404-7752 | <div style="border: 1px solid black; height: 80px; margin: 0 auto; width: 100%;"></div> Office Use (Only) |
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For **RATS, HAMSTERS and MICE** orders, please submit forms to admin.raf@uct.ac.za

Instructions

RAF Cost Estimate #

Request forms must be received by the Research Animal Facility **THREE WORKING DAYS BEFORE THE ISSUE DATE**. Animals will be issued from 11.00 until 12.30, Monday to Friday on the issue date. **Forms slipped through the RAF office door after 15:30pm on a Friday will NOT be accepted for issuing on the following Monday.** A separate request form must be completed for each "Issue Date Required" and "Issue Unit".

APPLICATION DETAILS

| | | |
|-----------------------------|--|--|
| Applicant | Project Number | Issue Date Required |
| Fund Holder | Department and Fund Number | |
| Principle Investigator (PI) | Tel/Extension | Cell No. NB! |
| Issue Unit (tick) | Known Pathogen Status <small>MNV, Radenti bacter, Entamoeba, Helicobacter</small> | Specified Pathogen free <small>Reports on request</small> |
| Location of Use (tick) | BSL 1 (Mice) BSL 2 (Mice) BSL 3 (Mice) H3D BSL 1 (Rats) | Conventional Rats |

ORDER DETAILS

| SPECIES/STRAIN/ PRODUCT | DATE OF BIRTH (MICE) | WEIGHT (RATS & HAMSTERS) | SEX | AMOUNT | ADDITIONAL REQUIREMENTS |
|----------------------------|-------------------------|-----------------------------|-----|--------|-------------------------|
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Remarks

Requested by:

Name

Signature:

Date:

I hereby confirm that I am listed as an AEC authorised research participant in this study.

(Office use only)

Received at office by:

Name

Signature:

Date:

Issued from Unit by:

Name

Signature:

Date:

Received by:

Name

Signature:

Date: