

Instructions

Research Animal Facility Faculty of Health Sciences University of Cape Town

UCT-RAF Cost Estimate Number: _____

Chris Barnard Building Room 2.25 Anzio Road, Observatory, 7925 Tel: (021) 404-7752

Office Use (Only)

Please submit forms to admin.raf@uct.ac.za

must be received by the Ani	k for timelines for the sourcing of anima imal Unit <u>7 working days</u> before the dat	e of trans	port. Animals v	vill be
	 A separate requisition must be completed AEC authorised research participant in t 		-	
	ADDUCATION DETAILS			
	<u>APPLICATION DETAILS</u>			
Applicant	Project Number	Date	of Procedure	
Date of Transport	Required Acclimatization Days	S	·	
Fund Holder	Department and Fund Number	er		
Tel/Extension	Cell Number (NB!)			
Issue Unit				
Location of Use				
	ORDER DETAILS			
SPECIES/STRAIN	Number/ Age/ Mass	Sex	Quantity	Notes
(For Protocol Use)				
Remarks				
Requested by:	Signature:		Date:	
Name				
(Office use only)				
Received at RAF office	Signature:		Date:	
by:				
Name				
Issued from Unit by:	Signature:		Date:	
Name				
Received by:	Signature:		Date:	
Name				