



REQUEST FOR DELIVERY OF LABORSTORY ANIMALS

Laboratory Animal Science Unit, Faculty of Tropical Medicine, Mahidol University

Date

Applicant's name Department/Center/Unit

Office Tel Mobile E-mail.....

Approval number from FTM-ACUC

Supervisor/PI

Animal specification and delivery date

Animal species Mice Rat Guinea pig Other

Delivery date Total number

Cage type large polycarbonated shoebox (22x42x17 cm³) No. of cages Density animal(s)/cage

small polycarbonated shoebox (17x28x14 cm³) No. of cages Density animal(s)/cage

Special care (please specify)

.....

..... Signature

(.....)

LAU staff only

Delivery to animal room on/...../..... Room no. Rack no.

Cage ID

..... Signature

(.....)

*This form must be submitted to LAU at least 1 week before arrival of animal