**Requisition - Animal orders for the animal facility at Dept. of Biomedicine**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animals ordered from (mark with ‘X’):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Janvier |  | JAX |  | Taconic |  | Charles River |  |

**Information on animals:**

|  |  |
| --- | --- |
| Species (mice/rats) |  |
| No. of animals |  |
| Strain |  |
| Sex / Gender |  |
| Age or weight at arrival (Weeks old) |  |
| Week of arrival |  |
| No. of animals per cage |  |
| Termination date |  |
| Name and initials of experimental license holder |  |
| Experimental license number and C-scheme |  |
| Breeding license number if GMO breeding |  |
| Location for housing area |  |
| Please mark with ‘X’ if animals are to be used only for organ donation |  |

**Billing information:**

|  |  |
| --- | --- |
| Full name: |  |
| AU ID |  |
| Department: |  |
| Extern company: **Yes 🞏 / No** **🞏** Company Name:  |  |
| EAN |  |
| “Stedkode” |  |
| Project number |  |
| Activity number (analysis focus code) |  |

**Payer’s signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information for user:**

|  |  |
| --- | --- |
| Full name: |  |
| Email: |  |
| Phone number: |  |

All information fields must be filled, and the requisition should be sent to animalorders@biomed.au.dk
In order for the requisition to be processed, please also attach an updated project plan in the email.