

ANIMAL ROOM REQUEST FORM		FOR OFFICE USE ONLY		
		ARF NO.	DATE:	
			TIME:	
		RECEIVED BY:		
ANIMALS				
Species:	Age:	Number:	Date of Arrival	Quarantine (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Strain:	Sex:	Avg. Wt/animal:		
EXPERIMENTAL ROOM				
Project Title:			IACUC No.	
Classification of Study (Please tick): <input type="checkbox"/> Infectious <input type="checkbox"/> Non-infectious			Starting Date	Ending date
REQUIREMENT(S):	No. of rooms:			
	Others:			
APPLICANT				
Name of Principle Investigator:			Address of Principle Investigator:	
Tel:				
HP:				
Email:			Name of Student:	
Signature & Stamp:			Matric No.:	
			HP:	
Method of Payment (Please tick): <input type="checkbox"/> EFT/Online Transfer <input type="checkbox"/> Invoice/LO/PO <input type="checkbox"/> Research (Vote No.:)				
TO BE FILLED BY ARF ADMINISTRATION ONLY				
Total days:	Total Charges (RM):		Receipt No.:	
Room(s): Available/Not Available as Requested (For Experimental Room only).				
Room No.:	Approved Period:	Starting Date:	Ending Date:	
Signature & Stamp:				
Alternative Recommendation:	Room No.:	Starting Date:	Ending Date:	
ROOM BOOKING REGULATIONS				
Rabbit, rat, mice and other mammalian species: THREE (3) months before required date Avian: TWO (2) months before required date Note: For information on charges for feed, bedding, rooms, cages, services, etc., please refer guideline UPM/ARF/GL001				