香港科技大學
THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY

實驗室動物中心（清水灣）
LABORATORY ANIMAL FACILITY (CWB)

Drug Request # _____
(for LAF use only)

LAF Drug Request Form

Please complete this form and email it from your HKUST account to lafvet@ust.hk, copying (cc) apcf@ust.hk.
Important Timelines & Guidelines:
Standard Requests: Submit at least 48 hours to 1 week in advance. Advanced requests ensure proper preparation and timely service delivery. **Special Requests**: For drugs not listed below, please allow at least 4–6 weeks for processing, subject to availability.
PI Approval: The Principal Investigator (budget holder) must be notified of this service request.
Note: LAF may contact the requester to clarify details if needed.

User Information

User Name:	AEP#:
Contact Tel:	Email:
PI Name:	Department:

Procedure

Name of Procedure:	
Date and Time of Procedure:	
Number of Animals:	
Type of Procedure:	☐ Survival ☐ Terminal
Location of Procedure:	☐ A2 ☐ H ☐ J ☐ Investigator's lab (Rm#): _____

Drug

☐ KXS mix	☐ Ketamine	☐ Xylazine	☐ Atipamezole	☐ Buprenorphine	☐ Meloxicam	☐ Carprofen
☐ Pentobarbital	☐ Isoflurane	☐ Saline	☐ Oxytocin	☐ Others		
Quantity(ml/bottle):						

To be completed by LAF

Dispenser Name				
Date of Dispense				
Drug information	Expiry date:	Lot/Batch number:	Concentration:	
Drug dispensed detail	☐ Original bottle ☐ Diluted ☐ Undiluted		☐ Container used ☐ Tinted bottle ☐ Tinted Syringe	
	Must be used by (date):	Reminder: Keep drug refrigerated at 4 'C.		