BIOTERIO UNAM - IBT

SOLICITUD DE ANIMALES

2024

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOMBRE, CORREO y TELEFONO DEL USUARIO SOLICITANTE  Nombre y número de aprobación del Comité Bioética\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Indique con una **X** el “Grado de severidad” que fue aprobado por el Comité de bioética: B C D E  Obs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Nombre y firma del jefe de grupo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No de laboratorio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Especie\_\_\_\_\_\_\_\_\_\_\_\_\_ Cepa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexo\_\_\_\_\_\_\_\_\_\_\_ Edad o peso \_\_\_\_\_\_\_\_\_\_  DISTRIBUCION DE LOS PEDIDOS   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Fecha | Cantidad Solicitada | Observaciones | Cantidad  Entregada | Observaciones | | ENE – 24 |  |  |  |  | | FEB |  |  |  |  | | MAR |  |  |  |  | | ABR |  |  |  |  | | MAY |  |  |  |  | | JUN |  |  |  |  | | JUL |  |  |  |  | | AGO |  |  |  |  | | SEP |  |  |  |  | | OCT |  |  |  |  | | NOV |  |  |  |  | | DIC |  |  |  |  | | ENE – 25 |  |  |  |  | | Totales |  |  |  |  | |  |  |  |  |  | |

Fecha y firma de aceptación Bioterio IBT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No, de registro\_\_\_\_\_\_\_\_\_\_\_\_

NOTA : Todo ajuste a las cantidades del programa, deberá ser autorizado y notificado por el usuario vía correo a los responsables de la producción o atención de la colonia\* , enviando correo a su Jefe de grupo y al personal académico del bioterio:

graciela.cabeza@ibt.unam.mx  / [sergio.gonzalez@ibt.unam.mx](mailto:sergio.gonzalez@ibt.unam.mx) / [oswaldo@ibt.unam.mx](mailto:oswaldo@ibt.unam.mx) /

elizabeth.mata@ibt.unam.mx