

Animal Purchase Request Form

**This form must be submitted 10 days prior to requested delivery date.
Animals require a minimum 5 day acclimation period after arrival before use in procedures.**

Date: _____ Requested Delivery Date: _____
 Protocol #: _____ Department: _____
 PI: _____ Phone: _____ Email: _____

NOTE: The PI is ultimately responsible for the animals and will be contacted via email and/or phone for concerns regarding the animal order or the animals. The PI may chose to receive the following notifications:

Order Confirmation Delivery Confirmation Invoice Confirmation

Lab Contact:	Day phone:	Email:
	After hrs. phone:	
Business Contact:	Phone:	Email:
Vendor Name:	Phone:	Special Instructions:

Acct. Code	Bus. Unit	Fund	Dept ID	Program	Project	State/Local	Amount
Cost Center:	54005						

Dept Comments:

Certifying Name:	PI Name:
Signature: _____	Signature: _____
Date: _____	Date: _____

ANIMAL ORDER

To avoid delays in animal ordering, please ensure the animal strain name is correct and complete (not abbreviated). The designation provided here will be directly compared to the strain name used when ordering research animals through ACO. If not identical, the order will be returned to the PI until the correct name is used on the order form and/or added to the IACUC protocol

Strain/ Stock #	Quantity:	Species	Strain	Gender	Weight/Age	Other Pertinent Data	Unit Price	Extension
1								\$
2								\$
3								\$
4								\$
5								\$
SHIPPING								
BOX CHARGE								
FUEL SURCHARGE								
TOTAL								\$

Date Ordered:	Ordered By:	Confirmation Number:	Vendor Contact:
<input type="checkbox"/> Order Confirmation sent	<input type="checkbox"/> Cage Cards	<input type="checkbox"/> Incoming Log	<input type="checkbox"/> Protocol Tally
<input type="checkbox"/> Delivery Confirmation			

Housing: SR II Pharm TMC Other: _____

Satellite facilities must be approved by IACUC.

Room #:	
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Housed singly? Yes No Number per group: _____ Biohazard? Yes

Do the animals require special housing/caging/handling?: _____

SIGNATURES:

Veterinarian Approval

Husbandry Approval