OFFICE OF ANIMAL WELFARE AND RESEARCH INTEGRITY

LABORATORY ANIMAL ORDER FORM

Submit electronically to david.stacey@famu.edu

**ALL ORDER FORMS MUST BE IN BY THURSDAY, 12 NOON TO RECEIVE ANIMALS THE FOLLOWING WEEK.**

**DATE**: **ANIMAL PROTOCOL #**:

**TITLE OF STUDY EXACTLY AS APPROVED:**

**PRINCIPAL INVESTIGATOR**: **DEPARTMENT**:

**BILL TO**:       **ACCOUNT NO**:

PLEASE COMPLETE TOTAL SECTION

**SPECIES**: **STRAIN**: **NUMBER**:

**SEX**: **AGE/WEIGHT**: **DATE NEEDED**:

**SPECIAL REQUIREMENTS** (If Applicable):

**SPECIFY SOURCE OF ANIMALS**:

ANY APPOVED SOURCE:

TRANSFERRED FROM ANIMAL PROTOCOL #:

OTHER SOURCE (If Required By Project):

**REQUESTED BY**: **PHONE #**:

**EMAIL**:

Animal Care Facility USE ONLY

PROTOCOL NO.: DATE APPROVED: ANIMAL BALANCE:                      (Date & Initial) (Positive) (Negative)

USDA CATEGORY NO.:      BIOHAZARD[Y/N]: RADIOSOTOPES [Y/N]:

COST PER ANIMAL: BOX PRICE: FREIGHT COST: FUEL CHARGE:

REF. NUMBER:

PRICE QUOTE: REQUISTION NUMBER:       P.O.#:       INVOICE #:       DATE:

DATE ANIMAL ORDERED: SOURCE: DATE RECEIVED:

NUMBER RECEIVED: DATE OF BIRTH:

NOTIFIED: r

DATE TIME INITIALS

FACILITY MANAGER’S APPROVAL OF ORDER

PREFERRED DATE OF ARRIVAL: NO. OF ANIMALS/CAGE:

FACILITY MANAGER SIGNATURE:

08/2/2005