

**DEPARTMENT OF RESEARCH SERVICES  
LABORATORY ANIMAL ORDER FORM  
FAX # 656-0461**

DATE \_\_\_\_\_ ANIMAL USE PROTOCOL (AUP) # \_\_\_\_\_

TITLE OF STUDY EXACTLY AS APPROVED: \_\_\_\_\_

P.I. \_\_\_\_\_  
NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

BILL TO \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

===== **COMPLETE ALL OF THIS SECTION** =====

SPECIES \_\_\_\_\_ STRAIN \_\_\_\_\_ NUMBERS(S) \_\_\_\_\_

SEX \_\_\_\_\_ AGE OR WEIGHT \_\_\_\_\_ DATE NEEDED \_\_\_\_\_

SPECIAL REQUIREMENTS (If Applicable) \_\_\_\_\_

SPECIFY SOURCE OF ANIMALS :

- ANY APPROVED SOURCE
- TRANSFERRED FROM AUP# \_\_\_\_\_
- OTHER SOURCE (If required by Project) \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

===== **RESEARCH SERVICES USE ONLY** =====

PROTOCOL NO. \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ ANIMAL BALANCE \_\_\_\_\_  
(DATE) (INITIAL) (POSITIVE) (NEGATIVE)

USDA CATEGORY NO. \_\_\_\_\_ BIOHAZARD \_\_\_\_\_ RADIOISOTOPES \_\_\_\_\_  
YES NO YES NO

PRICE QUOTE \_\_\_\_\_ BY \_\_\_\_\_ P.O.# \_\_\_\_\_ DATE \_\_\_\_\_

DATE ANIMAL ORDERED \_\_\_\_\_ SOURCE \_\_\_\_\_ SHIP DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ NO. RECEIVED \_\_\_\_\_ D.O.B. \_\_\_\_\_

NOTIFIED \_\_\_\_\_  
PRINCIPAL INVESTIGATOR \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ (INITIALS) \_\_\_\_\_

FACILITY MANAGER'S APPROVAL OF ORDER

PREFERRED DATE OF ARRIVAL \_\_\_\_\_ NO. ANIMALS/CAGE \_\_\_\_\_

FACILITY MANAGER SIGNATURE \_\_\_\_\_