



LABORATORY ANIMAL ORDER FORM

COMPARATIVE MEDICINE PROGRAM

TELEPHONE 979-845-7433 EMAIL: comparative-medicine@tamu.edu

DATE: _____

PLEASE NOTE: Order deadline is at Noon on Tuesday, one week prior to date required (some orders may require additional time)

APPROVED IACUC ANIMAL USE PROTOCOL (AUP) # _____ IBC # (if applicable) _____

SPECIES	BREED/STRAIN	NO.	SEX	AGE/WEIGHT	DATE REQUIRED	USDA PAIN CATEGORY	STRAIN ID/STOCK #

Order Comments: _____

Are any **SPECIAL DIETS** required?
No Yes: _____

Accounting Contact: _____

- Special Caging Biohazard
 Chemical Hazard Biosafety Cabinet Other

Account No. : _____
02, 03, 06, 08, 09, etc. (xx-xxxxxx-xxxxx)

If any boxes checked, write in Special Instructions:

Per Diem Account No.: _____
(If different from Account No. above)

SPECIAL INSTRUCTIONS: _____

Check if sole source vendor is required to assure experimental consistency and write in name of vendor:

FOR CMP USE ONLY:

Room # _____ # per Cage _____

Cage Type _____ Vendor _____

Confirmation # _____ Barrier _____

P.O. No. _____

Cage Card #'s _____

Confirmed Delivery

House at:

- LARR MAIN Reynolds MSRB MREB ILSB
 LARR Support Kleberg Psych TIGM TIPS
 MREB ABSL3 1197 ISOLATION BLDGS – VMP

On arrival Contact Name: _____

_____ Email address Phone Number

PI Name: _____

_____ Email address Phone Number

Will be billed approved surcharge

By signing below, I certify these animals will be used only as detailed within the approved AUP listed above.

Authorized Signature: _____