

# LABORATORY ANIMAL ORDER FORM

## COMPARATIVE MEDICINE PROGRAM

TELEPHONE 979-845-3800 EMAIL: [comparative-medicine@tamu.edu](mailto: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: \_\_\_\_\_

- ☐ Special Caging    ☐ Biohazard  
☐ Chemical Hazard    ☐ Biosafety Cabinet    ☐ Other

If any boxes checked, write in Special Instructions:

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

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

\_\_\_\_\_

**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

Accounting Contact: \_\_\_\_\_

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

Department Code: \_\_\_\_\_

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

### FOR CMP USE ONLY:

Room # \_\_\_\_\_ # per Cage \_\_\_\_\_

Cage Type \_\_\_\_\_ Vendor \_\_\_\_\_

Confirmation # \_\_\_\_\_ PO # \_\_\_\_\_

Barrier: \_\_\_\_\_

Cage Card #'s \_\_\_\_\_

☐ Confirmed Delivery

*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: \_\_\_\_\_