

ACF Animal Order Form

Investigator: _ _____

Department: _ _____

Protocol Number: _ _____ Approval Dates: From _ [Click here to enter a date.](#) To [Click here to enter a date.](#) _

Protocol Name: _____

Account to be charged: _ _____

Quantity	Species to be ordered	Strain designation if any	Catalog Number if any	Date Needed By

Vendor: _ _____

Vendor: Address: _ _____

Vendor Phone: _ _____ Fax: _ _____

Animals will be shipped to the ACF in Nott Hall unless otherwise requested.

Please ship to the following address: (Copies of invoices and packing slips must be sent to ACF.)

Animals will be housed in Nott Hall unless noted below.

Animals will be housed in: _ _____ IACUC approval: _ _____

Animals will be housed under standard conditions unless noted below.

Special handling instruction upon arrival.

Date submitted: _ _____

PI signature: _____

ACF USE Only!

Date Ordered: _____ Order placed by: _____

Confirmation # if available: _____

Expected Delivery Date: _____ Carrier: _____