



ANIMAL CARE SERVICES ORDER FORM

INSTRUCTIONS

1. Animal orders must be submitted by Wednesday in order to have them delivered Wednesday of the following week.
2. Submit the completed signed form to ACSOrders@mun.ca
3. Acceptance of animal orders is contingent on acceptable health status of those animals, and adequate housing space.
4. By signing that you authorize this animal order, charges for animals will be incurred.
5. ACS personnel will contact you if the requested arrival date cannot be met.

INFORMATION

PRINCIPAL INVESTIGATOR		PROTOCOL NUMBER	
OFFICE TELEPHONE		EMAIL ADDRESS	
PERSON PLACING ORDER		CONTACT NUMBER	
		CONTACT NUMBER (AFTER HOURS)	

ANIMAL INFORMATION

Name of Species	Name of Supplier	Breed or Stain Nomenclature	*Jackson Lab. Stock # *Charles River Strain Code #	Number of Animals	Weight Or Age	Sex

If there are not enough animals of desired sex, will you accept mixed sexes to expedite your order: Yes _____ No _____

Will you accept a different age range if it will expedite your order: Yes _____ No _____

Please indicate the Housing Facility location:

What type of room will the animals be housed in:

How do you want the animals housed: _____ * If in groups, how many per group _____

Room Number if known _____ ; If new order ACS will assign room.

FOAPAL Account Number must be provided to process your order: _____

INVESTIGATOR SPECIAL REQUESTS

Examples: if you selected time pregnant animals, we need the day of gestation upon arrival to be specified. Specify day of arrival if not the following week.

AUTHORIZED SIGNATURES

Administrative Signature:	Print Name:	DATE:
P.I. Signature:	Print Name:	DATE: