



# LABORATORY ANIMAL ORDER FORM

## COMPARATIVE MEDICINE PROGRAM

TELEPHONE: 979-845-7433 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: \_\_\_\_\_

- Special Caging     Special Feed     Biohazard  
 Chemical Hazard     Biosafety Cabinet     Other

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

If any boxes checked, write in Special Instructions:

Account No. : \_\_\_\_\_

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

02, 03, 06, 08, 09, etc. (xx-xxxxxx-xxxxx)

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

Per Diem Account No.: \_\_\_\_\_

(If different from Account No. above)

House at:

- LARR MAIN     Reynolds     MSRB     MREB     ILSB  
 LARR Support     Kleberg     Psych     TIGM     TIPS  
 MREB ABLS3     1197     ISOLATION BLDGS – VMP

On arrival Contact Name: \_\_\_\_\_

\_\_\_\_\_ Email address      \_\_\_\_\_ Phone Number

PI Name: \_\_\_\_\_

\_\_\_\_\_ Email address      \_\_\_\_\_ Phone Number

### FOR CMP USE ONLY:

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

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

Confirmation # \_\_\_\_\_ Barrier \_\_\_\_\_

P.O. No. \_\_\_\_\_

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

Confirmed Delivery

*\$15.97 surcharge per delivery*

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

Authorized Signature: \_\_\_\_\_