

**Department of Animal Facilities**

**Animal Order Form**

Phone: 336-334-5277, Cell: 845-323-6699

Email: memarti5@uncg.edu

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| **Investigator Information** |

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| --- | --- | --- | --- |
| IACUC Protocol #: |  | Principal Investigator: |  |

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| --- | --- | --- | --- |
| Department: |  | Contact Number: |  |
| Order Placed By: |  | Date: |  |

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| **Ordering Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor or Institution: |  | Delivery Date Requested: |  |

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| --- | --- | --- | --- |
| Species: |  | Strain: |  |
| Quantity Requested: |  | Sex: |  | Age or Weight on Delivery: |  |

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| --- | --- |
| Special Purchase Requirements: |  |

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| **Housing** |

|  |  |  |  |
| --- | --- | --- | --- |
| Building Requested: |  | Room # (if known): |  |

|  |  |
| --- | --- |
| Special HousingNeeds: |  |

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| **Billing Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| UNCG PCard Number to Charge: |  | Exp. Date |  |
| Name on Card: |  |

**Principal Investigator’s Signature: Date**

Your signature indicates that you are responsible for the use of these animals, as well as purchasing and housing costs.

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| **Confirming Information – *For Animal Facility Use Only*** |

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| Date Ordered:  | Delivery Date:  | Order #:  |
| Comments:  |