

**DREXEL UNIVERSITY
 UNIVERSITY LABORATORY ANIMAL RESOURCES
 ANIMAL ORDER FORM
 TELEPHONE: 215-762-7969 FAX: 215-762-7449
 E-MAIL: ANDREA.MCCURRY@DREXELMED.EDU**

Date: _____

Print PI's Name _____

Phone # _____

Department _____

Protocol # _____

Vendor Selection:

Date needed _____

1st Choice _____

Fund/Org # _____

2nd Choice _____

Circle One - DREXEL or DUCOM Grant

Specialty Husbandry Requirements

Number of Animals	Age/Weight	Species/Strain	Sex	Pain Level as Per Protocol (A, B or C)

Please Note:

1. ANIMALS CANNOT BE ORDERED WITHOUT AN APPROVED PROTOCOL ON FILE.
2. ALL ORDERS MUST BE PLACED NO LATER THAN **TUESDAY, 12 NOON** EACH WEEK. IF A HOLIDAY FALLS ON A MONDAY OR TUESDAY, ORDERS MUST BE IN OUR OFFICE BY WEDNESDAY, 12 NOON. **NO EXCEPTIONS.**
3. NO ORDERS WILL BE TAKEN OVER THE TELEPHONE.
4. ALL ANIMAL ORDER CHANGES MUST BE MADE IN WRITING.
5. **PAIN LEVEL MUST BE INDICATED.**

U.L.A.R USE ONLY

Date and time order received: _____

Date and time order placed: _____

Vendor: _____

Animal Arrival Date: _____ Housed in Room _____ Order #: _____