

**DREXEL UNIVERSITY  
UNIVERSITY LABORATORY ANIMAL RESOURCES  
ANIMAL ORDER FORM  
TELEPHONE: 215-762-7967 FAX: 215-762-7449  
E-MAIL: LMILLS@DREXEL.EDU**

Date: \_\_\_\_\_

PI's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Department \_\_\_\_\_

Protocol # \_\_\_\_\_

Vendor Selection: (separate PO # for each vendor)

Date needed \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

Cost Center / Fund # \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Specialty Husbandry Requirements

3<sup>rd</sup> Choice \_\_\_\_\_

4<sup>th</sup> Choice \_\_\_\_\_

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

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**Please Note:**

1. ANIMALS CANNOT BE ORDERED WITHOUT AN APPROVED PROTOCOL ON FILE.
2. **ALL ORDERS MUST BE PLACED NO LATER THAN TUESDAY, 12:00PM EACH WEEK. IF A HOLIDAY FALLS ON A MONDAY OR TUESDAY, ORDERS MUST BE IN THE ULAR OFFICE BY WEDNESDAY, 12:00PM.**
3. NO ORDERS WILL BE TAKEN OVER THE TELEPHONE.
4. ALL ORDERS ARE TO BE DELIVERED TO ROOM 15307, NEW COLLEGE BUILDING OR PLACED ELECTRONICALLY THROUGH LAMBS.
5. ALL ANIMAL ORDER CHANGES MUST BE MADE IN WRITING.
6. PAIN LEVEL MUST BE INDICATED.

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ULAR USE ONLY

Date and time order received: \_\_\_\_\_

Date and time order placed: \_\_\_\_\_

Vendor: \_\_\_\_\_

Animal Arrival Date: \_\_\_\_\_      Housed in Room \_\_\_\_\_      Order #: \_\_\_\_\_