

THOMAS JEFFERSON UNIVERSITY
Laboratory Animal Services

RESEARCH ANIMAL ORDER FORM
(ONE SPECIES PER ORDER)

Investigator: _____ Protocol #: _____

Department: _____ Phone #: _____

Charge code number for purchase: _____

Charge code number for daily per diem: _____

Preferred T.J.U. animal housing location (Building & Room #): _____

Preferred vendor: _____ Delivery Date: _____

Contact Name: _____ Phone#: _____

Stock/Item #	Species	Strain	Sex	Age/Weight Range	Quantity

COMPLETE THE FOLLOWING ONLY IF KNOWN:

Bedding Type _____ Feed Type _____ Cage Type _____

Any Special Instructions _____

Submit this order to: Animal Resources

M-28 Jefferson Alumni Hall

Extension: 3-5885

Fax: 215-592-1293

Authorized Signature: _____ Date: _____