 <i>David H. Murdock Research Institute</i>	Document Title Animal Order Form			Document ID FM-0022	DCO ID 15-027
	Department CLAS	Type FORM	Status EFFECTIVE	Date 17AUG2015	Page 1 of 2

DHMRI Center for Laboratory Animal Sciences (CLAS)

ANIMAL ORDER FORM


Phone: 704-250-2671 ~ Fax: 704-250-2609

Date Order Placed:			
Date Needed By:		Account #:	

Please place orders by the end of business on Thursday for shipping the following week

ORDERING INFORMATION: (Cannot be changed once a PO is issued)			
PROTOCOL #:		PROTOCOL TITLE:	
PRINCIPAL INVESTIGATOR:		DEPARTMENT:	
EMAIL ADDRESS:		PHONE NUMBER:	
QUANTITY ORDERED:		STOCK NUMBER:	
SPECIES:	STRAIN:	SEX (M/F):	AGE (YRS):
VENDOR:		PRICE PER ANIMAL:	
		SHIPPING:	
SPECIAL HOUSING REQUIREMENTS:		CRATE:	
		DHMRI ORDERING FEE: (30% OF SHIP/CRATE COSTS)	
		MISCELLANEOUS:	

DELIVERY SPECIFICATIONS AND PREAUTHORIZATION:	
DATE NEEDED BY: (MUST MATCH DATE ABOVE)	SPECIAL NOTE:
REQUESTED BY:	NAME:
	PHONE NUMBER:
COST OF ORDER (EXCLUDING SHIPPING AND HANDLING)	NOT TO EXCEED: \$ _____

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ORDERING AND RECEIVING CHECKLIST:
(FOR CLAS USE ONLY)

REQUISITION NUMBER:		VENDOR CONTACT:			
PURCHASE ORDER NUMBER (PO #):		ORDER PLACED BY:			
DATE ORDERED:		DATE SHIPPED:		DATE RECEIVED:	
NUMBER OF CARTONS:		CONTAINER DISINFECTED (Y/N):		REFERENCE NUMBER:	
WEIGHT CONFIRMATION (AVG. WT):			SEX CONFIRMATION (M/F):		

RECEIVING CODE:

NOTIFICATION:
(FOR CLAS USE ONLY)

NAME:		DATE:	TIME:	BY:
EMAIL SENT TO PI (Y/N):		DATE SENT TO PI:		
QUARANTINE ROOM NUMBER:				

SUBMITTED TO VENDOR
 ENTERED INTO RESEARCH DATABASE
 RECEIVED IN BANNER