

**COMPARATIVE MEDICINE ANIMAL ORDER**

FORM #:

Comparative Medicine will not fill requests for animals until an association between fiscal support, an IACUC protocol, and an account or purchase order number is assured in writing. Orders must be made in writing using this completed form and e-mailed to [Animalorders@usf.edu](mailto:Animalorders@usf.edu).

To ensure delivery during the following week, orders to the NIA must be received prior to 4:00 pm on Monday, and all other orders must be received prior to 11:00 am on Thursday. Telephone: 974-3844.

Principal Investigator:  PI's E-Mail:  Date:

IACUC Protocol #:  Initiator:  Initiator's Phone #:

Billing Contact:  Billing Address:

Billing Phone:  Billing E-Mail:  Billing Fax:

**BILLING INFORMATION**

GRANT, ACCOUNT, or PO#

Please provide the following PeopleSoft Chartfields:

<u>Business Unit</u>	<u>Operating Unit</u>	<u>Fund Code</u>	<u>Dept. ID</u>	<u>Product</u>	<u>Initiative</u>	<u>Project</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Principal Investigator requests the animals described below be provided at the following facility: (select one facility for each order)

ALZ	BPB	CAMLS	CPH	IDRB	ISA	MDC	MDD	NCF	PCD	RSB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Species, Strain	Quantity	Sex	Age <u>or</u> Weight	Arrival Date	Vendor
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Instructions:

**Comparative Medicine Use Only, Do Not Complete Below**

	Vendor Contact	Telephone	Order or Invoice #	Price	Order Date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

Provide an e-mail address here if you wish to be notified on the day of arrival, when these animals have arrived, and the accurate number and description of animals received.

A 15% administrative fee is assessed to all sales (i.e., animal/supply/drug resales).