# UNO Animal Ordering Request Form

## Administrative information

|  |  |  |  |
| --- | --- | --- | --- |
| Date submitted: | Enter or select date | Name of submitter: | Enter name |
| Primary Investigator: | Enter name | IACUC protocol: | 123456789 |
| Cost center: | 123456789 |  |  |

## Vendor and delivery

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vendor\*: | Select one | Requested delivery date: | Select date | Requested housing room: | Select one |
| \*If vendor is not listed, enter explanation in non-approved vendor information. | | | | | |

## Animal information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Species: | Enter species | Strain: | Enter strain | Stock #: | Enter stock # | |
|  |  |  |  |  |  |  | |
| Quantity: | Number requested | Sex: | Enter sex | Age: | # | Days/weeks/years |

## Non-approved vendor information

|  |  |  |  |
| --- | --- | --- | --- |
| Requested vendor: | Vendor name | Contact information: | Website, email, number and name of contact |
| Explanation: | Please indicate and explain preference for non-approved vendor and previous experiences with vendor. | | |

### Office use

|  |  |  |  |
| --- | --- | --- | --- |
| Order #: | 123456789 | Order entry date: | Select date |
| Expected delivery date: | Select date | Vendor PO #: | 123456789 |
| Date received: | Select date |  |  |