

Central Research Facilities Animal Order Form

PLEASE PRINT and FAX FORM TO 444-4195

Circle which facility the animals are being delivered to:

55 Claverick

Coro West

Rhode Island Hospital

TODAY'S DATE: _____

DATE ANIMALS NEEDED: _____

FROM (person placing order): _____

INVESTIGATOR: _____

COST CENTER: _____

LAB: _____

PHONE #: _____

COMMITTEE #: _____

All the above information must be supplied in order to process your order.

SPECIES: _____

QUANTITY:

AGE: _____

FEMALE:

WEIGHT: _____

MALE:

STRAIN: _____

PREGNANT: _____

VENDOR: _____
(i.e. JAX, CRL, HSD)

PUPS TO BE BORN (date): _____

Please write any extra information which will help us to process your order (please print):

**Thursdays @ 4:30 p.m. is the deadline for ordering, if animals are needed for the following week.
Any orders received after this date and time will be ordered the following week and received the week after that.
Please call extension 45788 if you have any questions.**