



ANIMAL ORDER FORM

Complete this form and email to: iacuc@ou.edu

Protocol Title:

Protocol Number:

Principal Investigator / Instructor: Email Address: Phone Number: Department Admin Email:		OU Mailing Address:

Shipment of Animals

To LAR:

To Housing Location:

Housing of Animals

Building:	Room #:
Single Housed:	Group Housed:
Number of Animals Per Cage:	Total # Animals:

NOTE: Animals will be segregated by sex unless otherwise directed.

Ordering Information

B C D E

Vendor:	Pain Category:
Name of Person Placing Order:	Species:
Email:	# of Males:
	# of Females:
Date Ordered:	Strain/Stock/Breed:
Expected Delivery Date:	Weight Specified:
Account Number:	Age Specified:

Special Instructions:

Office Use ONLY

IACUC	Date Received:		Initials of Reviewer:	
	Protocol Has Available # Animals	Yes:	No:	
LAR	Date Received:		Initials of Reviewer:	
	Housing Available	Yes:	No:	