Office of University Research

California State University, Long Beach

Animal Purchase Request Form

FACULTY NAME: ______________________________________________

DEPARTMENT: ____________________________

TELEPHONE EXTENSION: ____________ EMAIL: _______________________

IACUC APPROVED PROTOCOL NUMBER: ____________________________

DATE OF REQUEST: ____________________________

DATE DELIVERY DESIRED: ____________________________

DELIVERY LOCATION: _____________________________________________________

PREFERRED VENDOR: ______________________________________________

VENDOR ADDRESS: _____________________________________

VENDOR TELEPHONE: _________________________  EMAIL: _______________________

SPECIES/STRAIN: ____________________________ QUANTITY: _______ SEX: _______

WEIGHT RANGE: __________ AND APPROXIMATE AGE: __________

UNIT PRICE: __________ EXTENDED TO ORDER: _________

FOUNDATION ACCOUNT MANAGER: (If applicable) _______________________________

PERSON TO NOTIFY UPON RECEIPT: ___________________________________________

PERSON TO NOTIFY UPON ARRIVAL IN CASE OF ANIMAL HEALTH EMERGENCY (These people must be named on the approved protocol):

____________________________________  PHONE #: _____________________________

ADDITIONAL COMMENTS: (State any special needs the animals may have upon arrival)