

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)