

LABORATORY ANIMAL SERVICE REQUEST FOR QUOTATION

INVESTIGATOR: _____ PROTOCOL NO.: _____ EXPIRATION DATE: _____

DEPARTMENT: _____ PHONE NO.: _____ FAX NO.: _____

ANIMAL ORDERING DATA

QTY	SPECIES	STRAIN	SEX	WEIGHT/AGE	ORDERED IN INCREMENTS OF	VENDOR
For example: 300	MICE	B6D2F1	F	6-8 WEEKS	50	CHARLES RIVER LABORATORIES

HUSBANDRY -

AVE. DAILY CAGE COUNT: _____

DURATION OF PROJECT (NO. OF DAYS): _____

SPECIAL REQUIREMENTS (check all that apply and describe in detail below):

- Special Handling Biohazard
 Special Caging Special Diet

Special Requirements:

***** Fax completed form to 956-8528 and allow a minimum of 2 days turn around time. *****