

PLACE ORDER AT LEAST 3
WEEKS
BEFORE THE SHIPPING DATE.

ANIMAL SHIPPING & ACQUISITION



Instructions on reverse

Requisition #:

1. ORDER

DATE	CHECK ONE <input type="checkbox"/> RECEIVING <input type="checkbox"/> SENDING <input type="checkbox"/> ACQUIRE
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2. PRINCIPAL INVESTIGATOR INFORMATION

PRINCIPAL INVESTIGATOR	PHONE	DEPARTMENT / AUP #
LAB CONTACT	PHONE	FAX

BILLING

BU	BFS ACCT	FUND	ORG	PROG	PROJECT	FLEX	SPEEDTYPE
	56639						

3. OUTSIDE INSTITUTION INFORMATION

INSTITUTION / DEPARTMENT / PRINCIPAL INVESTIGATOR		NIH ASSURANCE# / AUP # OR USDA/AZA/OTHER STATUS					
LAB CONTACT	FAX	E-MAIL					
VETERINARIAN	FAX	E-MAIL					
SHIPPING COORDINATOR	PHONE	FAX	E-MAIL				

4. ANIMALS

SPECIES	COMMON NAME / STRAIN	CURRENT LOCATION			
CURRENT LOCATION & NUMBER OF CAGES	ADULT MALE(S)	ADULT FEMALE(S)	<input type="checkbox"/> PUP(S)		

5. SHIPPING INFORMATION (IDENTIFY BERKELEY CAGES WITH GREEN TRANSFER CARD)

REQUESTOR'S PREFERRED SHIPPING DATE:	
OUTSIDE INSTITUTION SHIPPING ADDRESS	UC BERKELEY OLAC SHIPPING ADDRESS
	University of California, Berkeley
	Office of Laboratory Animal Care
	203 Northwest Animal Facility # 7150
	<i>(Corner of Hearst and Oxford)</i>
	Berkeley, CA 94720-7150

6. THIS SECTION FOR OLAC OFFICE USE ONLY

<input type="checkbox"/> HEALTH REPORTS REQUESTED <input type="checkbox"/> SENTINELS ORDERED <input type="checkbox"/> SCHEDULED W/AHT <input type="checkbox"/> SENTINEL RSR SCHEDULED					
QUARANTINE ROOM:	GROUP NAME:			COMMENTS	
DATE:	VETERINARY APPROVAL:				
SHIPPING DATE	ARRIVAL DATE	CARRIER	AIRBILL #	# BOXES	# SECTIONS PER BOX

INSTRUCTIONS FOR COMPLETING THE *ANIMAL SHIPPING REQUEST FORM*

- ✓ Complete sections 1 through 5.
- ✓ Print clearly or type.
- ✓ Forms are available outside the OLAC Main Office at 203 NAF.
- ✓ An incomplete or illegible form will be returned to the sender.
- ✓ To place an order, either
 1. fax the form to 3-0886, or
 2. drop it off at or mail it to:
 - Attn: Order Desk
 - OLAC
 - 203 NAF # 7150
- ✓ Order may not be placed by telephone.