



INSTITUTE OF MEDICAL & VETERINARY SCIENCE

Veterinary Services Division

Frome Road

Gilles Plains

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Docket No.
(if applicable)

ORDER FOR SUPPLY OF ANIMALS

(Please complete whichever is applicable)

Order No.: _____

Animal Ethics No.: _____

Cost Centre: _____

Project Expiry Date: _____

Requisition No.: _____

Animal Users Permit No.: _____

ANIMAL ORDERED

| QUANTITY | SPECIES/STRAIN | WEIGHT RANGE/AGE | SEX | REQUIRED DATE |
|----------|----------------|------------------|-----|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CLIENT DETAILS

| | | | |
|------------------------|-----------------|-------------------------|--|
| COMPANY NAME: | | DEPARTMENT: | |
| CONTACT NAME: | | RESEARCHER: | |
| PHONE NO.: | FAX No.: | Email: | |
| Invoice Address | | Delivery Address | |
| | | | |
| | | | |
| | | | |

| Standing Orders | Type of Animal Holding Required |
|---------------------------------------|------------------------------------------------------------------------------|
| Is this a standing order? Yes/No | Barrier <input type="checkbox"/> Conventional <input type="checkbox"/> |
| Start date: | PC2 <input type="checkbox"/> PC3 <input type="checkbox"/> |
| Finish date: | Quarantine <input type="checkbox"/> |
| Delivery date: | Single housed <input type="checkbox"/> Group housed <input type="checkbox"/> |

Biohazard & Biocontainment

(Please tick appropriate boxes that apply to your experiment)

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| Genetically manipulated animals/materials <input type="checkbox"/> | Hazardous, cytotoxic or carcinogenic materials <input type="checkbox"/> |
| Radiation <input type="checkbox"/> | Viral vectors <input type="checkbox"/> |
| Tissue transplantation or cell lines <input type="checkbox"/> | None of the mentioned apply to this project <input type="checkbox"/> |
| Infectious agents <input type="checkbox"/> | No change from previous order <input type="checkbox"/> |
| Imported biological material <input type="checkbox"/> | |

OFFICE DETAILS

| | | |
|-----------------------------------|---------------------------------|-------|
| Order Placed by: | Phone No: | Date: |
| Order Dispatched by: | | Date: |
| Method of Transport | Consignment No. (if applicable) | |
| Comments or special requirements: | | |

ANIMALS ON BACK ORDER

| QUANTITY | SPECIES/STRAIN | WEIGHT RANGE/AGE | SEX | QUANTITY | SPECIES/STRAIN | WEIGHT RANGE/AGE | SEX |
|----------|----------------|------------------|-----|----------|----------------|------------------|-----|
| | | | | | | | |

Received in good order and condition

Signed Print Name Date

*Please note that all parts of this form need to be completed. Incomplete forms may result in delays in orders being filled.

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