

PART 1 – Submit to CMG Office at least 2 weeks prior to the desired delivery date.	Request Date:
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Principal Investigator/Instructor (PI):		College/Dept./Unit:	Office Phone No.:	Mobile Phone No.:	Email Address:
Authorized Designee/Alternate POC:		College/Dept./Unit:	Office Phone No.:	Mobile Phone No.:	Email Address:
IACUC Protocol No.:		IACUC Protocol Exp. Date:	IBC Protocol No.:		IBC Protocol Exp. Date:
Number of Animals:	Animal Species:	Strain/Stock/Breed:	Sex:	Age Range:	Weight Range:
Preferred Vendor/Source:		Desired Delivery Date:	Housing/Study Length:		Est. Study End Date:

Other Animal Requirements/Specifications:

Special Shipping/Delivery Requirements:

Special Animal Housing/Husbandry/Transportation/Research Support Required (e.g., room lighting/temp/humidity, feeding, caging, housing, transportation, tech support, etc.):

CVM/VDL Support Required (e.g., necropsy floor, carcass disposal, tissue digester, etc.):	CVM/VHC Support Required (e.g., animal housing, surgery, imaging, etc.):
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Special Biosafety/Biohazard Requirements (check applicable animal biosafety level(s) and list hazardous agent(s), required PPE, special safety procedures/practices, etc.):

N/A ABSL-1 ABSL-2 ABSL-3 ABSL-3Ag

Charge Animal Purchase to FSIS Account No.:	FSIS Account Holder Signature (If different from PI):	Date:
	PI Signature (or authorized designee):	Date:

PART 2 – CMG Director Approval

Name: Sally Olson, DVM (Interim)	Signature:	Date:
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PART 3 – Animal Purchase Order Processing Checklist & Distribution (CMG USE ONLY)
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Date Request Received:	Date Order Received:	Assigned Technician:
IACUC Use Check:	Received By:	Rodent Colony Supervisor:
Vendor/Source:	Number of Animals Received:	Facility Manager:
Vendor POC:	Animal Per Diem Code(s):	Clinical Veterinarian:
Vendor POC Phone No.:	Animal Facility/Room:	CVM/VDL/Necropsy:
Vendor CMG Acct. No.:	Pen/Cage Housing Density:	CVM/VHC:
Vendor Catalog/Item No.:	USDA Animal ID Number(s):	VPR/BRI:
CMG Order No.:		
CMG Order Date:		
Vendor Order/Conf. No.:		