MBL MAMMAL ORDER FORM

Approved on:____

(This form must accompany your application in order for the protocol to be reviewed)

Name of Investigator:

MBL Office/Lab phone: Cell phone: MBL Account No:			MBL Residence phone: Email Address: Date:																
												If you have question	ons concerning this form pleaso	contact Dan	Johnson (508-2	89-7288 or <u>acf</u>	<u>@mbl.edu</u>).		
												Genus/Species	Strain/Breed	# needed	Arrival Date	First Use Date	End Use Date	Age/Size	Day Post- Fertilization
Mice-pregnant female																			
Mice-pregnant female																			
Mice-pregnant female																			
Mice-pregnant female																			
Mice-neutered males																			
Mice-non-pregnant females																			
Mice-intact males																			
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Rat-pregnant females																			
Rat-pregnant females																			
Rat-pregnant females																			
Rat-pregnant females																			
Rat-neutered males																			
Rat-non-pregnant female																			
Pat intact males																			

	Genus/Species	Strain/Breed	# needed	Arrival Date	First Use Date	End Use Date	Age/Size	Day Post- Fertilization			
Hamster											
Rabbit											
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Guinea Pig											
								_			
Other Mammal											
SUGGESTED COMMERICAL VENDOR: If animal(s) is (are) being shipped from OTHER THAN A COMMERCIAL VENDOR, please provide the name, phone number and email address of the animal source contact and reference which animals will be shipped from the source. Before any animal can be sent to the MBL from a non-approved source, a health survey indicating the lack of disease must be submitted and reviewed by the MBL Veterinarian.											
SPECIAL ANIMAL CARE NEEDS/INSTRUCTIONS – (special feeding or housing instructions, etc.).											