

**Office of University Research**  
**California State University, Long Beach**  
**Animal Purchase Request Form**

FACULTY NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TELEPHONE EXTENSION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IACUC APPROVED PROTOCOL NUMBER: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

DATE DELIVERY DESIRED: \_\_\_\_\_

DELIVERY LOCATION: \_\_\_\_\_

PREFERRED VENDOR: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

VENDOR TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPECIES/STRAIN: \_\_\_\_\_ QUANTITY: \_\_\_\_\_ SEX: \_\_\_\_\_

WEIGHT RANGE: \_\_\_\_\_ AND APPROXIMATE AGE: \_\_\_\_\_

UNIT PRICE: \_\_\_\_\_ EXTENDED TO ORDER: \_\_\_\_\_

FOUNDATION ACCOUNT MANAGER: (If applicable) \_\_\_\_\_

PERSON TO NOTIFY UPON RECEIPT: \_\_\_\_\_

PERSON TO NOTIFY UPON ARRIVAL IN CASE OF ANIMAL HEALTH EMERGENCY (These people must be named on the approved protocol):

\_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDITIONAL COMMENTS: (State any special needs the animals may have upon arrival)