**INVOICE TO DEPARTMENT**

**ANIMAL CARE SERVICES ANIMAL ORDER FORM**

*When ordering animals please indicate which facility they will be held in. Complete the information below and send your order to the appropriate animal facility.*

<table>
<thead>
<tr>
<th>Chief Investigator:</th>
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<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Customer Code:</td>
<td></td>
</tr>
<tr>
<td>Date – Phone number:</td>
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</tbody>
</table>

- **M Block (QE11)**
  - Phone: 9346 2152
  - mblock-acs@uwa.edu.au
- **Pre Clinical Facility (PCF)**
  - Phone: 6488 3238
  - pcf-acs@uwa.edu.au
- **Large Animal Facility (LAF)**
  - Phone: 6488 7967
  - Fax: 6488 1358
- **Sheep & Native Animal Facility (NAF-SRF)**
  - Phone: 9387 2284
  - Fax: 6488 6677
- **Royal Perth Hospital (RPH)**
  - Phone: 9224 2825
  - Fax: 9224 2814
- **Biomedical Research Facility (BRF)**
  - Phone: 6488 6655

*(PLEASE SPECIFY ZONE)………………………*

**ARC must be notified within 24 hours of issues with delivered animals. Researchers are required to check the condition of the animals within 24 hours or acknowledge acceptance by ACS.**

<table>
<thead>
<tr>
<th>AEC No.</th>
<th>Number Required</th>
<th>Sex</th>
<th>Species</th>
<th>Background Strain</th>
<th>Full Strain Name</th>
<th>Aka (Common Name)</th>
<th>Age/Weight</th>
<th>Date Required</th>
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**GMO CATEGORY:**  
- □ NON GMO  
- □ EXEMPT DEALING  
- NLRD#_________ □ DNIR#_________________

**Requested source:**  
- □ ARC  
- □ ACS  
- □ OTHER ____________________

**SPECIAL INSTRUCTIONS:**

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**REQUESTED BY:**

**SIGNATURE:**

**ANIMAL CARE SERVICES USE ONLY**

*ANIMAL SPECIES AND STRAIN CHECKED AGAINST APPROVED PROTOCOL: RA/3/_____ /_____*

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<thead>
<tr>
<th>NAME:</th>
<th>SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

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**DATE ORDERED:**

**ORDERED BY:**

**SUPPLIER:**

**SIGNATURE:**

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**Updated 25.07.13**