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.

Chief Investigator: __________________________________________
Department: ________________________________________________

ARC Customer Code

PO Number

Date – Phone number:

☐ Biomedical Research Facility (BRF)

Specify zone
Zone: __________

Zone A (Breeding):
mousebreeding-acs@uwa.edu.au
All other BRF zones:
brf-acs@uwa.edu.au

☐ Biological Resources Support Facility (BRSF)

Zone: __________

Ph: 9387 2284
Fax: 6488 6677

☐ Large Animal Facility (LAF)

Zone: __________

Ph: 6488 7961

lafl-acs@uwa.edu.au
Fax: 6488 1358

☐ M Block (QEII)

Zone: __________

Ph: 9346 2152
mblock-acs@uwa.edu.au
Fax: 6488 1358

☐ Pre Clinical Facility (PCF)

Zone: __________

Ph: 6488 3238
pcf-acs@uwa.edu.au
Fax: 6488 1358

☐ Royal Perth Hospital (RPH)

Zone: __________

Ph: 9224 2825
Fax: 9224 2814

Source facility (if import)…………………………………………………………

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.

AEC No. | Number Required | Sex | Species | Background Strain | Full Strain Name | Common Name | Age/ Weight | Date Required
---|---|---|---|---|---|---|---|---

GMO CATEGORY: ☐ NON GMO ☐ EXEMPT DEALING ☐ NLRD#_________ ☐ DNIR#_________

SPECIAL INSTRUCTIONS:

__________________________

REQUESTED BY: __________________________________________

SIGNATURE: __________________________________________

ANIMAL CARE SERVICES USE ONLY

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

Name: __________________________________________
Signature: __________________________________________
Date: __________________________________________

DATE ORDERED: ____________________
ORDERED BY: ____________________

SUPPLIER: __________________________________________
SIGNATURE: __________________________________________