



TEXAS TECH UNIVERSITY
Office of the Vice President for Research

Institutional Animal Care and Use Committee™

Animal Order Form

Principal Investigator: _____ Contact Email: _____

Protocol #: _____

FOP #: _____

Request Date: _____

Desired Delivery Date: _____

Animal work will be: BSL I BSL II

Number of Animals: _____

Preferred Vendor: _____

Species: _____

Strain: _____

Sex: Male Female

Weight Range or Age: _____

Special instructions: _____

FOR ACS USE ONLY

Vendor Account: _____

Order Placed With: _____

Conformation #: _____

PO #: _____

Receipt #: _____

Email Form to the [ACS Facilities Manager](#)