

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

Name of Investigator: _____
MBL Office/Lab phone: _____ MBL Residence phone: _____
Cell phone: _____

	Genus/Species	Strain/Breed	# needed	Arrival Date	First Use Date	End Use Date	Age/Size	Day Post-Fertilization
Hamster								
Rabbit								
Guinea Pig								
Other Mammal								

SUGGESTED COMMERCIAL 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.*).
