CCHMC COMPREHENSIVE MOUSE AND CANCER CORE
Animal Request Form

Animal Core Office Use
MR # _____
Received : _____

Specific animals and ages are not always available upon request. This request should be placed well in advance of the date required. You must have rack space to house requested mice. The core will not be responsible for housing once order is completed.

TO REQUEST ANIMAL ORDERS, COMPLETE THIS FORM. UPON COMPLETION THIS FORM MAY BE EMAILED TO VICTORIA SUMMEY (VICTORIA.SUMMEY@CCHMC.ORG); FAXED (513-636-3768) OR DELIVERED TO CHRF 7552, CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 3333 BURNET AVE., CINCINNATI, OH 45229-3039.
FOR QUESTIONS, CONTACT VICTORIA SUMMEY, LAB COORDINATOR OR JEFF BAILEY (513-636-5879) .

1. Contact Information

a. Principal Investigator		d. Division/Institution	
b. Primary Lab Contact		e. Office Location	
c. Phone/Fax		f. E-mail	

2. Services Requested

Description of Experiment: _____

Strain Requested	Date Order Required	Number of Animals	Age	Sex	Charge per Animal	Total Service Charge	Date Order Completed
*NOD/SCID					$15.00		
*NOD/SCID GAMMA C					$15.00		
BOY J					$15.00		
C57BL/6					$15.00		
Athymic Ncr Nude					$15.00		

* Note: The animal stains designated above should be placed on DOX food one week prior to irradiation/transplantation. It will be the responsiblity of the investigator to place a service request with Vet. Services for this food. Animals should be placed on Bactrim food for one week post irradiation/transplant. This food will be provided by the Core.

3. IACUC

CCHMC IACUC Protocol number	
IACUC Approval date	

4. Billing

PROVIDE APPLICABLE ACCOUNT INFORMATION AS INDICATED IN THE BOX ON THE RIGHT. FORM MUST BE SIGNED BY AN APPROVER

Core Use ONLY

Total Charge: _____

AUTHORIZED SIGNATURE _____

GL BU *	FUND *	ACCOUNT *	DEPARTMENT *
		6 6 6 3 5 0	

PROJECT BU **	PROJECT ID **	ACTIVITY ID **	BUDGET REFERENCE **

* MANDATORY FIELDS FOR ALL PAYMENTS
** MANDATORY FOR GRANTS, CONTRACTS & INDUSTRY AGREEMENTS