ANIMAL INFORMATION FORM -2008 Scheduled Study Date(s):

	NAMES/BNL Guest #	PHONE	E-MAIL
Investigator (s):			
Facility Manager:			
Shipping Contact:			
Accounting Contact:			
Veterinarian:			

ANIMAL INFORMATION

****** FOR NON-COMMERCIAL VENDOR: ATTACH RECENT (< 3 Months) ANIMAL HEALTH REPORT*******

BNL IACUC PROTOCOL #	BNL ACCT #	VENDOR	Species/ Strain AGE/WT	Total # animals	Delivery Date

BNL ANIMAL HOUSING - NOTE *ONLY* special requirements (REVERSE LIGHTING, FOOD RESTRICTION)

# PER CAGE	WATER /FOOD BEDDING	LIGHTING (5 AM -5 PM)	ENRICHMENT (yes or no)	NECROPSY ROOM (DATES)	SURGERY ROOM (DATES)

ADDITIONAL SUPPLIES (List):

***GEL PACKS AND DIVIDERS MUST BE SHIPPED DIRECTLY FROM VENDOR (TRANSPORT BOXES WILL BE PROVIDED)**

RETURN SHIPMENT ADDRESS:	WORLD COURIER ACCOUNT #
Please return completed form to : MaryAnn Petry petry@bnl.gov and Kerry Bonti bonti@bnl.gov	BLAF ONLY Spoke to: APPROVAL DATE:
BNL ACCT: irving@bnl.gov IACUC: mallon@bnl.gov	Gel Packs/Dividers Rec'd Date: Health Report Rec'd Date:

BNL Shipping Address: Brookhaven National Laboratory Vet Services -Bldg. 490

30 Bell Ave., Upton, NY 11973

Attention: K. Bonti/PI NAME

FAX-631-344-2193 Phone: (631) 344-4439 or 3696 or 3620