

IACUC No. _____
Approved on: _____

MBL
VERTEBRATE ORDER FORM (*Amphibian, reptile, chicken and bird only*)
 (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: _____ Email Address: _____
 MBL Account No: _____ Date: _____

If you have questions concerning this form please contact Dan Johnson (508-289-7288 or acf@mbl.edu).

	Genus/Species	Strain/Breed	# needed	Arrival Date	First Use Date	End Use Date	Age/Size	Day Post-Fertilization
	Xenopus laevis							
	Xenopus tropicalis							
	Rana catesbeiana							
	Ambystoma							
	Other Amphibian							

	Chickens							
	Chicken Eggs, (fertile)							

	Zebrafinch							
	Other Birds							

	Genus/Species	Strain/Breed	# needed	Arrival Date	First Use Date	End Use Date	Age/Size	Day Post-Fertilization
Turtle								
Tortoise								
Other Reptile								

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 - (i.e. the number of animals per tank/cage if different than normal; special feeding instructions, etc.).