

CPG ANIMAL ORDER

(Please provide one form / housing unit)

Researcher : Laboratory :

Trial / project :

Special request: _____

Supplier : Wished arrival date :

Specie	Strain	Sex	Age	Weight	Quantity	Nb per cage

Housing Unit : (Clear)

Animal facilities	SPF	CONV.	UDP	40aine	P2	P3	Transit	Annexes
SV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CAV				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIBM		<input type="checkbox"/>						
MED		<input type="checkbox"/>			<input type="checkbox"/>			

For any questions or requests, please contact us at: animalorders@epfl.ch

Order prepared by : Visa order's manager : _____

Date : Date : _____