UNIVERSITY of HOUSTON | RESEARCH

ANIMAL CARE OPERATIONS WORK ORDER

Requirement: Submission to the ACO inbox (aco@central.uh.edu) at least 48-hours in advance

Protocol #: _____ Date: _____

Investigator: _____ Department: _____

Primary Contact: _____ Secondary Contact: _____

Phone: _____ Phone: _____

Lab #: _____ Lab#: _____

ANIMAL INFORMATION:

ID #/Cage #: _____ Animal Room #: _____

DATES:

Begin: _____ End: _____

INSTRUCTIONS:

- ☐ No Food: _____
- ☐ No Water: _____
- ☐ Other: _____

Additional housing:

- ☐ Quantity: _____
- ☐ Type: _____

Further explanation:

SIGNATURES:

Requested by	Date	Received by	Date

ADMINISTRATIVE USE ONLY
Charges: