



Transport Request Form

Centre for Comparative Medicine | 4145 Wesbrook Mall, Vancouver, BC V6T 1W5
Phone: 604-827-4938

Email completed form to anca.orders@ubc.ca with the Principal Investigator's name in the subject.

Please complete and submit this form electronically. You MUST be an authorized user per the [ISD Form](#).

| CONTACT INFORMATION | |
|-------------------------|-------------|
| Date: | Department: |
| Principal Investigator: | |
| Transport date: | |
| Contact person: | |
| Phone: | Email: |

| TRANSPORT DETAILS | |
|---------------------------------------|-------------------------------|
| Item (e.g. mice, rat, sample, other): | |
| Current protocol: | New protocol (if applicable): |
| Current colony: | New colony (name/#): |
| Pickup location: | |
| Destination: | |
| Notes | |

| PAYMENT INFORMATION |
|--------------------------------------|
| Workday Program/Grant/Project/Gift*: |

No Pre-Approved Internal Sales Delivery Authorization? Please fill out and submit the [Internal Sales Delivery Form \(pre-approval form\)](#) indicating "one time."

If there is a change to your Workday Worktag, please submit a signed [Internal Sales Delivery Form](#) for each Primary/Driver Worktag you wish to have set up for billing purposes with ACS.

*Use the [Foundation Data Model \(FDM\) Translation Tool](#) to determine your translated Workday Worktags based on a PeopleSoft value such as Speedchart or PG.