

## General Medical Ordering Form – Research Service – Minneapolis VA Health Care System

*This form must be completed and submitted electronically to [VHAMINResearchOrders@va.gov](mailto:VHAMINResearchOrders@va.gov) for all orders placed by Research Office. Incomplete or hard copy orders will be returned for correction.*

<b>Principal Investigator (PI):</b>	<b>Delivery Location:</b> <i>(Building + room)</i>	<b>Today's Date:</b>	<b>Date Needed:</b>
<b>Contact Name:</b> <i>(Person placing order)</i>	<b>Contact Email:</b>	<b>Phone:</b>	<b>Notify on arrival?</b> <input type="checkbox"/> Email <input type="checkbox"/> Phone
<b>Shipping Priority:</b> <i>(Faster delivery will incur higher shipping costs)</i> <input type="checkbox"/> Standard <input type="checkbox"/> Overnight <input type="checkbox"/> Other:		<b>Special Handling Instructions:</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freeze <input type="checkbox"/> Other:	

<b>Does order involve radioactive materials?</b> <i>(Radiation Safety Official approval is required BEFORE radioactive orders are placed)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES: Attach RSO approval to this purchase request</b>	
<b>Does order involve live animals?</b> <i>(Request must match approval numbers and species on an active, approved IACUC protocol BEFORE order is placed)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES: Specify strain, age, and sex of animals in the Item Description below    Specify IACUC protocol for current order:</b>	

<b>Vendor Name &amp; Address:</b>	<b>Phone:</b>	
	<b>Email:</b>	
	<b>Account Number:</b>	
	<b>Discount Code:</b>	
	<b>Quote Attached?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    #:

Item Description	Catalog #	Quantity	Unit Price	Subtotal
<input type="checkbox"/> <b>Automatically calculate subtotals</b> <i>(Uncheck when you have total price, but not per-unit price)</i>				<b>Total:</b>

*Administrative use only – This section to be completed by Research Office personnel*

<b>Purchase Card Holder:</b>	<b>VMU Approval:</b> <i>(Required for animal orders only)</i>	<b>Card PO #:</b>	
		<b>Fund Control Point:</b>	
		<b>2237 #:</b>	