



Division of Animal Resources

EMORY UNIVERSITY SCHOOL OF MEDICINE

Whitehead Biomedical Research Building
615 Michael Street, Room G02, Atlanta, GA 30322

Phone: (404) 727-7423

Fax: (404) 727-3212

FACSIMILIE TRANSMISSION ACCOUNT NUMBER CHANGE

TO: Emory (DAR) - Customer Service Representative

FROM: _____
Full Name

() ____ - ____
Phone Number

Department

Email Address

Project Investigator: _____

Account Numbers Closed or Incremented

New Account Number

As of:

Project Investigator: _____

Account Numbers Closed or Incremented

New Account Number

As of:

Updated: 1/22/2009

OFFICE USE ONLY:

- Transfer form complete
- Facilities alerted to make new cage cards
- Billing Run – Checked and Confirmed

Initials: _____ Date: _____
 Initials: _____ Date: _____
 Initials: _____ Date: _____