

General Medical Ordering Form - Research Service - Minneapolis VA Health Care System

This form must be completed and submitted electronically to VHAMINResearchBudget@va.gov for all orders placed by Research Office. Incomplete or hard copy orders will be returned for correction.

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

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

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

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

Requestor must sign first statement before submitting - If requestor is also purchase card holder, requestor must sign both statements below

Requestor: I certify this purchase is for a legitimate Government need, not for personal benefit.	Cardholder: I certify funds are available within the line of accounting connected to this GPC account.
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Administrative use only - This section to be completed by Research Office personnel

Budget Funding Verification:	VMU Approval: <i>(Required for animal orders only)</i>	Card PO #:	
		Fund Control Point:	
		2237 #:	