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Medication order and delivery confirmation

Please enclose	forms A & R o	f the animal license	with the order so they	y can he checked hy	a veterinarian
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User name										
Study director name										
E-Mail / Phone										
Billing address										
Billing reference			Order date							
Order										
Used for license number	Quantit	y Name of medication, dosage a	nd pack size	Species	Lot Nr.	EXP.				
Place your order by email to: vetpharmacy.eac@unibe.ch										
Please note:										
Medications must be stored under lock, according to the storage instructions of the individual medications. According to Art. 5 of the Veterinary Medicinal Products Ordinance, the drugs may be used exclusively and only as specified in the animal experimentation permit.										
With your signature you co	onfirm t	ne receipt of the goods liste	d above and that the above point	s are follow	ved.					
Date of collection		S	ignature							