

ANIMAL SHIPMENT FROM U of R - WORKSHEET

REQ # _____

DATE _____ P.I. _____ UCAR # _____ ACCT # _____

DEPT _____ PHONE # _____ PERSON COMPLETING FORM _____

SHIP DATE REQUESTED _____ SPECIES _____ STRAIN _____

ANIMAL ROOM # _____ # OF CAGES _____ # OF ANIMALS PER CAGE _____

ANIMALS TO BE SHIPPED _____ # MALES _____ # FEMALES _____

PLEASE LABEL CAGES WITH STATEMENT "SHIP TO _____"

PLEASE PROVIDE RACK LOCATIONS AND BARCODES FOR CAGES TO BE SHIPPED BELOW:

****THE VIVARIUM MUST FIND THE EXACT NUMBER OF CAGES AND ANIMALS AS STATED ABOVE, IF DIFFERENT IS FOUND WE WILL NOT SHIP THE ANIMALS.**

** Packing Fees: Packed By Vivarium - \$30.00/shipment Packed by Investigator - 15.00/shipment

The crate costs for shipping are \$52.50 per box which hold up to 2 cages (bedding, food and gel packs are included)

Have these animals been manipulated or received any treatment? Yes No (check one)

Who Will Pack Animals? Vivarium or Investigator (check one)

Who Will Pay for Shipping Cost? Receiving Institution or U of R Investigator (check one)

"Please provide the MTA (Material Transfer Agreement) number _____. If you haven't already contacted ORPA, please contact ORPA at 5-4031 to obtain an MTA."

RECEIVING INSTITUTION (R. I.) _____

ADDRESS _____

NAME OF NEW P. I. OR OWNER AT R. I. _____

IACUC PROTOCOL # AT R. I. _____

NAME OF CONTACT PERSON AT R. I. _____

CONTACT PERSON'S PHONE # _____ EMAIL _____

NAME OF R. I. FACILITY VETERINARIAN _____

R. I. VETERINARIAN PHONE # _____ EMAIL _____

Completed by Vivarium/DLAM Staff

DLAM Vet Approval _____ Date _____

Health Status (As Given to RI Vet) _____
(DLAM Vet to attach copies of any correspondence.)

ANIMAL ORDERING AND RECEIVING CLERK SIGN OFF _____

Date/Time of Shipment _____

Carrier _____ Air/Freight/Way Bill# _____

OTHER INSTRUCTIONS/COMMENTS _____

Name of person who packed: _____