

ANIMAL SHIPMENT FROM U of R - WORKSHEET

REQ #_____

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

DEPT _____ PHONE # _____ BOX # _____ SHIP DATE REQUESTED _____

PERSON COMPLETING FORM _____ SPECIES _____ STRAIN _____

ANIMAL ROOM # _____ # ANIMALS TO BE SHIPPED _____ # OF CAGES _____

OF ANIMALS PER CAGE _____ # OF SHIPPING COMPARTMENTS NEEDED _____

PLEASE LABEL CAGES WITH STATEMENT "SHIP TO _____"

PLEASE SPECIFY WHERE CAGES ARE LOCATED IN ROOM THAT ARE TO BE SHIPPED

***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 Packed by Investigator - \$15.00

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

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

Is there a MTA (Material Transfer Agreement) involved? Yes or No (circle one)

If yes please provide MTA number: _____

RECEIVING INSTITUTION(R. I.) _____

ADDRESS _____

PHONE # _____ FAX # _____

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 # _____ FAX _____

CONTACT PERSON'S EMAIL _____

NAME OF R. I. FACILITY VETERINARIAN _____

R. I. VETERINARIAN PHONE # _____ FAX # _____

R. I. VETERINARIAN 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 _____ Phone # _____

Air/Freight/Way Bill# _____

OTHER INSTRUCTIONS/COMMENTS _____

Name of person who packed: _____