

**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 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/shipment Packed by Investigator - 15.00/shipment

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

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

Is there a MTA (Material Transfer Agreement) involved? Yes \_\_\_\_\_ or No \_\_\_\_\_ (check 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: \_\_\_\_\_