

ANIMAL SHIPMENT FROM U of R - WORKSHEET

REQ # _____

TOP HALF TO BE COMPLETE BY INVESTIGATOR - SUBMIT TO ANIMAL ORDERING AND RECEIVING CLERK

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 _____

HOW ARE CAGES LABELED FOR SHIPMENT _____

**LABEL MUST INCLUDE THE 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.

Who Will Pack Animals? Vivarium or Investigator: _____

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

Who Will Pay for Shipping Cost? Receiving Institution or U of R Investigator: _____

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** _____

NAME OF R. I. FACILITY VETERINARIAN _____

R. I. VETERINARIAN PHONE # _____ **FAX #** _____

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: _____

Contact Receiving Institution after delivery

Received animals: YES or NO _____ **Date and Time Received:** _____

Condition of outside of box _____ **Condition of inside of box** _____

Condition of animals _____