

EXPORT FORM

**1. General Information**

Investigator: \_\_\_\_\_ Protocol number: \_\_\_\_\_  
 Contact (if not P.I.): \_\_\_\_\_ Contact's tel. #: \_\_\_\_\_  
 Contact's e-mail address: \_\_\_\_\_  
 Request Date: \_\_\_\_\_ Date needed: \_\_\_\_\_  
 Who is responsible for courier charge? UMD P.I.  Rec. Inst.  KFS# \_\_\_\_\_

**No animals will be shipped out without approval of the health status report (serology, bacteriology, parasitology reports from the animal colony) by the receiving institution's veterinarian.**

**2. Receiving Institution**

Principal Investigator: \_\_\_\_\_ P.I.'s tel. #: \_\_\_\_\_  
 Institution name: \_\_\_\_\_ P.I.'s e-mail: \_\_\_\_\_  
 Facility Veterinarian: \_\_\_\_\_ Vet's tel. #: \_\_\_\_\_  
 Vet's e-mail: \_\_\_\_\_ Vet's fax #: \_\_\_\_\_  
 Vivarium contact: \_\_\_\_\_ Contact's tel. #: \_\_\_\_\_  
 Contact's e-mail: \_\_\_\_\_ Contact's fax #: \_\_\_\_\_  
 Shipping address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Animal Information**

Species	Sex	Background Strain	Genotype	Quantity	D.O.B

Are any animals being shipped in breeding pairs? Yes  No

Building and room location of where the animals are housed: \_\_\_\_\_

**DLAR Use Only**

Health Status Check Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

DLAR vet comments: \_\_\_\_\_

Facility Supervisor comments: \_\_\_\_\_

Number of cages being sent or the number of compartments in shipping box: \_\_\_\_\_

\_\_\_\_\_

Shipping date: \_\_\_\_\_