

# REQUEST TO RECEIVE ANIMALS FROM OTHER INSTITUTIONS

This form is required to receive animals from other institutions (academic or private). Animal shipments received without approval will be euthanized on arrival. In most instances the request for colony health information is sent within 1-2 days after this form is submitted complete. Please fax the form to Ms. Penny Pittman at 243-8599 or bring to MR5, G010. **We will not receive rodents when outside temperatures exceed 85°F or are below 45°F in Charlottesville or at the sending institution.**

Date submitted: \_\_\_\_\_

## I. University of Virginia Information:

1. Principal Investigator's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Protocol number: \_\_\_\_\_ PTAO: \_\_\_\_\_

2. Contact Person Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

3. Animals: Number of animals being shipped? \_\_\_\_\_ Shipping costs paid by: \_\_Receiver \_\_Sender

Species/Strain/Age/Gender: \_\_\_\_\_

Destination: Building: \_\_\_\_\_ Room: \_\_\_\_\_

Immune deficient (circle one)    yes    no

## II. Sending Institution's Information:

1. Name and Address of institution providing animals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Veterinarian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

4. Investigator's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

### CCM USE ONLY

HEALTH REP. REQ.	HLTH REP. REC/APPR.	FAC. NOTIF	ROOM ASSIGNED	SHIP. DUE DATE	LABEL/REP COMPLETED	ARRIVAL DATE	INVEST NOTIF	SHIP. INFO. (B OF L)	SEROLO GY REQ	ROOM AVAIL.

COMMENTS: