

## REQUESTS FOR ANIMALS FROM OTHER INSTITUTIONS

This completed form is required for requests to receive animals from sources that are not approved commercial vendors. Please provide the following information. Return the completed form to Penny Pittman via fax at 924-0354, e-mail {plp2y@virginia.edu}, or bring it to MR5, Room G010. Scheduling of the receipt of the animals is based on several factors: quarantine space availability, health status, domestic or international weather. Evidence of disease in the colony of origin, or in quarantine will require that the shipment be re-derived to specific pathogen-free status at the requestor's expense. **We do not recommend shipping Rodents when outside temperatures exceed 85°F or are below 45°F in Charlottesville or at the shipping institution.**

### I. University of Virginia Information:

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

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

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

2. Animals: Number of animals to be shipped? \_\_\_\_\_ Shipping Cost Paid By:  Receiver  Sender  
(check one)

Preferred date of shipment: \_\_\_\_\_

Strain/age/and gender: \_\_\_\_\_

\_\_\_\_\_

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

### II. Sending Institution's Information:

1. Name and Address of institution providing animals:

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

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

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

3. 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: