

REQUEST TO EXPORT RODENTS TO OTHER INSTITUTIONS

The Department of Comparative Medicine will provide the health status to the attending veterinarians of the receiving institution for approval prior to proceeding with any shipping arrangements.
NO ANIMALS MAY BE SHIPPED WITHOUT DCM APPROVAL

TO BE COMPLETED BY INVESTIGATOR

OHSU PI Name _____ Phone _____ E-mail _____

Protocol # _____ Acct. # (for billing purposes) _____

OHSU Lab Contact Person's Name _____ Phone _____ E-mail _____

Receiving Institution _____

Shipping Address _____
(include dock #) _____

Receiving PI Name _____ Phone _____ Fax _____ E-mail _____

Species _____ Strain _____ Number of Animals _____ Male _____ Female _____ # of Boxes _____

Receiving Institution's Animal Resource Department (Veterinarian or Manager/Supervisor)

Name _____ Phone _____ Fax _____ E-mail _____

Freight to be paid by: **Receiver** **OHSU PI** Requested Shipping Date _____ (allow a minimum of 2 weeks)

Animals currently housed in Bldg _____ Room _____ Number of cages to be shipped _____

Special housing/shipping needs _____

CAGES MUST BE MARKED WITH PURPLE ANIMAL TRANSFER/SHIPPING CARDS BY END OF BUSINESS DAY PRIOR TO SHIPMENT - ANIMALS WILL NOT BE SHIPPED IF CAGES ARE NOT PROPERLY MARKED

PI will be billed a processing fee of \$115 for domestic shipments and \$135 for international shipments at the time the request is approved by DCM.

I understand that these animals may not be shipped until approved by OHSU Dept. of Comparative Medicine:

Investigator's Signature

TO BE COMPLETED BY OHSU COMPARATIVE MEDICINE

NOT APPROVED Reason: _____

APPROVED OHSU Dept. of Comparative Medicine Authorized Signature: _____

Billed: _____