VA NORTHEAST OHIO HEALTHCARE SYSTEM - ANIMAL RESEARCH FACILITY

NON-STANDARD VENDOR EXPORT FORM

**(For animals being sent to other facilities)**

This document must be submitted to the Animal Research Facility (ARF) and approved **PRIOR** to the shipping of animals.

All fields within the black-bounded boxes must be completed prior to submission.

PI: **PLEASE COMPLETE** SOURCE INFORMATION, RECIPIENT INFORMATION, PACKING INFORMATION, AND SHIPPING ADDRESS.

SOURCE INFORMATION

| **Investigator:** | **Protocol Number:** |
| --- | --- |
| **Phone:** | **Animal Room Number:** |
| **Email:** | **Account Number:** |

RECIPIENT INFORMATION

| **Institution:** | **PI Name:** |
| --- | --- |
| **Animal Facility Contact Person:** | **Phone number:** |
| **Phone Number:** | **Email Address:** |
| **Email Address:** | **Fax Number;** |
| **Fax Number:** |  |

PACKING INFORMATION

|  |  |
| --- | --- |
| **Microisolator housing Y N** | **PI or designee to be present during boxing: Y N** |
| **Number of Animals:** | **Contact person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Number of Separate Compartments Needed:** | **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Species:** | **Other special requests:** |
| **Strain/Transgenic/KO:** |  |
| **Bedding Type:** |  |
| **Food Source (if not standard chow):** |  |
| **Water Source (if not Napa Nectar):** |  |
| **Do animals carry agents infectious for humans? Y N If YES, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **PI or designee must be AVAILABLE ON the day of SHIPPING.** | |

SHIPPING ADDRESS

|  |  |
| --- | --- |
| **Address:** | **Shipping billing charged to (include complete address):** |
| **City: State: Zip:** |
| **Country (if not US):** |
| **ATTN:** |
| **Estimated Date of Shipping:** |

## CONFIRMATION OF SHIPMENT

|  |  |
| --- | --- |
| Veterinarian: | Health Info Sent: |
| Date Shipped: | Additional Tests Requested: |
| Date Received: |  |

# Signature of Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_