

University of Louisville
Animal Exportation Request Form

INCOMPLETE FORMS WILL DELAY REVIEW PROCESS

TODAY'S DATE:

REQUEST #:

| | | |
|-----------------------------------|------------------|---|
| INSTITUTION OF ORIGIN: | | UNIVERSITY OF LOUISVILLE |
| <i>Address</i> | | <i>Comparative Medicine Research Unit</i> |
| | | 580 S. Preston Street |
| <i>City, State, Zip Code</i> | | Louisville, KY 40202 |
| PI Name | | |
| Lab Contact: | <i>Name</i> | |
| | <i>Phone/Fax</i> | |
| | <i>Email</i> | |
| Import/Export Coordinator: | <i>Name</i> | Chris Wilber |
| (Primary) | <i>Phone/Fax</i> | 502.852.6905 Fax: 502.852.2963 |
| | <i>Email</i> | christopher.wilber@louisville.edu |
| Import/Export Coordinator: | <i>Name</i> | Penny White |
| (Back-up) | <i>Phone/Fax</i> | 502.852.4605 Fax: 502.852.6007 |
| | <i>Email</i> | penny.white@louisville.edu |
| Veterinary Contact: | <i>Name</i> | Mary Proctor, DVM, MS, DCLAM |
| | <i>Phone/Fax</i> | 502.852.1081 Fax: 502.852.6007 |
| | <i>Email</i> | mary.proctor@louisville.edu |

| | | |
|-------------------------------|------------------|--|
| RECEIVING INSTITUTION: | | |
| <i>Address</i> | | |
| | | |
| <i>City, State, Zip Code</i> | | |
| PI Name | | |
| Lab Contact: | <i>Name</i> | |
| | <i>Phone/Fax</i> | |
| | <i>Email</i> | |
| Shipping Coordinator: | <i>Name</i> | |
| | <i>Phone/Fax</i> | |
| | <i>Email</i> | |
| Import/Export Contact: | <i>Name</i> | |
| | <i>Phone/Fax</i> | |
| | <i>Email</i> | |
| Veterinary Contact: | <i>Name</i> | |
| | <i>Phone/Fax</i> | |
| | <i>Email</i> | |

ANIMAL INFORMATION (to be filled out by UofL EXPORTING Investigator)

| Species | Strain (list 1 per line) | # F | # M | DOB/AGE | Immune Status (Comp, Def, Unk) | |
|---|------------------------------------|--------------------------------------|-----|---------|--------------------------------|--|
| <input type="checkbox"/> Mouse <input type="checkbox"/> Rat <input type="checkbox"/> Other: | | | | | | |
| UofL Protocol # | Current Location(Bldg/Room) | Is special handling required? | | | | |

UofL Speedtype
 (for transport costs):

RECEIVING INSTITUTION APPROVAL/DENIAL INFORMATION

| | | | | |
|-----------------------------------|---------------------------------|-----|-------------------------|----------------------|
| APPROVED <input type="checkbox"/> | DENIED <input type="checkbox"/> | BY: | Requested Shipping Date | Special Instructions |
|-----------------------------------|---------------------------------|-----|-------------------------|----------------------|