

UTRGV SHIPPING FORM

IACUC Protocol Number:

SHIPPING INSTITUTION:

UTRGV Other: _____

Name of PI shipping animals:

Contact Phone Number:

Fax Number (optional):

e-mail: _____

Colony Health Contact at Shipping Institution

Name: _____

Phone: _____

e-mail: _____

Shipping Logistics at Shipping Institution

Name: _____

Phone: _____

e-mail: _____

Has this order been cleared with the Office of
Research Translation? Yes No

RECEIVING INSTITUTION:

Shipping Address (not mailing address)

Name of PI receiving animals:

Phone: _____

Fax Number (optional): _____

e-mail: _____

PI contact person at receiving institution:

Phone: _____

Fax Number (optional): _____

e-mail: _____

Receiving Institutions Veterinary Contact:

Phone: _____

e-mail: _____

Shipping logistics at receiving institution:

Phone: _____

e-mail: _____

Who is paying for handling, shipping and
transportation?

Billing Account #:

Receiving institution's freight carrier (not UPS or
FED EX)

Account # with freight carrier or # supplied at
time of authorization: Yes No

