

# UTRGV RECEIVING FORM

IACUC Protocol Number:

\_\_\_\_\_

**Deliver to: University of Texas: Rio Grande Valley**

Edinburg EREB

Edinburg BNSB

Brownsville BRHP

Other \_\_\_\_\_

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

## SHIPPING INSTITUTION:

\_\_\_\_\_

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: \_\_\_\_\_

A legally binding agreement between both parties is in place with the Office of Research Translation?

YES

NO

Addresses:

EREBL: RM 1.400.2, 1214 West Schunior, Edinburg, Texas 78539

EBNSB: 1.400.2, 1214 West Schunior, Edinburg, Texas 78539

BRHB: Biomedical Dock, One West University Blvd., Brownsville, Texas 78520

