DLAR Animal Import Request Form – ERMS AOps

Please provide the following information to acquire animals from another institution
When complete, please email the form to LAR@uthscsa.edu
NOTE: The red stars (*) indicate required information.

BASIC INFORMATION

*IACUC Protocol ID #

IMPORT LINE-ITEM INFORMATION

*1. Animal Group Type (species)

*2. Quantity requested

*3. # animals per cage

*4. Financial Account # (PID)

*5. Is Special housing / handling required – Y/N
If Yes, please describe:

6. Animal Strain

7. Sex (# males, # females)

8. Weight (Adult or Specify)

9. Date of Birth (Any or Specify)

*10. Housing location at UT Health (Bldg & Room #)

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IMPORT VENDOR INFORMATION

*1. Import Vendor Name (Outside Institution)

_____

2. PI Primary contact (POC at outside institution e.g., PI, Lab manager, Shipping coordinator)

_____

3. PI Cell Phone Number (For above named POC)

_____

4. PI (POC email address)

_____

*5. Exporting Investigator from Outside Institution (name)

_____

*6. Shipping Coordinator contact name (at outside institution)

_____

*7. Shipping Coordinator contact email (at outside institution)

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8. Shipping Coordinator contact phone (at outside institution)

_____

ANIMAL DELIVERY

*1. Name of Contact Person at UT Health SA

_____

2. Requested Delivery Date

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