



Division of Laboratory Animal Resources

Request to Export Rodents

- To request exportation of rodents to outside institutions, please complete this form and return it to Ronda Combs, H41A Chandler Medical Center (DLAR main office). Fax: 323-6002; E-mail: rkcomb1@email.uky.edu.
- Animals will only be shipped if the receiving institution's veterinarian has approved the shipment. You will be notified once we have authorization to ship.
- **Missing information will cause delays in processing the request.**
- Once the shipment has been authorized, the shipment of animals should then be arranged through the DLAR Animal Import Coordinator, Ronda Combs, at 323-6018.
- A \$25 (domestic) or \$50 (international) processing fee will be charged to your account in addition to any related shipping charges.

Date Submitted: _____

Animals: Species: _____ Genotype: _____ Background Strain: _____

Facility: _____ Room Number: _____ Number of Cages: _____

Number of Males: _____ Number of Females: _____

Sending Investigator: Name: _____ Department: _____

E-Mail: _____ Phone: _____ Fax: _____

IACUC Protocol Number: _____ Account Number: _____

University of Kentucky PI Lab Contact Person:

Person responsible for the transfer (person who is able to answer questions, person who will be notified of approval).

Name: _____ E-Mail: _____

Phone: _____ Fax: _____

Charging Instructions:

Shipping charges to be paid by: Sending (UK) Investigator Receiving Investigator

If shipping charges are to be paid by the receiving investigator, an account number with an approved courier must be provided for charges to be applied to. If no account number is provided, the sending investigator will be charged. Either AirNet or World Courier may be used for domestic shipments. We require that international shipments (other than to Canada) use World Courier.

AirNet #: _____ World Courier Acct# _____

Receiving Institution:

Investigator: _____ Institution: _____

City/State: _____

E-Mail: _____ Phone: _____ Fax: _____

Shipping Coordinator/Contact (at Receiving Institution):

Name: _____ Phone: _____ Fax: _____

E-Mail: _____

Veterinarian at Receiving Institution: Name of Veterinarian MUST be listed below in order to start processing the request.

Name: _____ Phone: _____ Fax: _____

E-Mail: _____