CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF MEDICINE

EXPORT

ANIMAL RESOURCE CENTER
CASE WESTERN RESERVE UNIVERSITY
http://casemed.case.edu/ora/arc/
arcimport-export@case.edu

2109 ADELBERT ST.
CLEVELAND, OH 44106
PHONE: (216.368.3490
FAX: 216.368.4763

NONSTANDARD VENDOR EXPORT FORM

Investigators: Please complete the unshaded areas of the form providing all of the information available. A representative of the laboratory must be available on the day animals are shipped. If shipping instructions are not clear we will ask a laboratory representative to help box the animals. Please submit to the ARC main office or fax to 368-4763 PRIOR to animal shipments.

Exporter Information

Case Investigator:	Protocol Number:
e-mail:	Account Number:
Phone:	Animal Room Number:
Lab Contact:	Phone:
e-mail:	

Recipient Information

Institution:	Animal Facility Contact:
Recipient PI Name:	Phone Number:
RPI Phone Number:	e-mail:
RPI e-mail:	Fax number:
RPI Fax number:	

EXPORT

Packing Information

Species:	Strain/Transgenic/KO:
Bedding Type(If not standard):	Food Source (If not standard):
Water Source (If not Napa nectar):	
Do Animals Carry Infectious Disease?	❑ Y ❑ N
If Yes, What type?	
PI Representative Present During Boxing?	❑ Y ❑ N
If Yes Name and Phone of Representative:	
Other Special Requests	

Shipping Address

Address:	
City: State:	Zip Code:
ATTN:	Estimated Date of Shipping:
Shipping Billing Charged to:	
(Include full Address)	

Confirmation of Shipping

Veterinarian:	Health Info Sent:
Date Shipped:	Additional Tests Requested:
Date Received:	

PI Signature: Date: