

**ULAR Form***Rodent Export Request*University Laboratory Animal Resources  
400 W Twelfth Avenue, Columbus, OH 43210-1016Complete all form fields and email to [animaltransport@osu.edu](mailto:animaltransport@osu.edu) as it is the preferred method of submission. Submit at least two weeks prior to desired shipping date. For guidance on animal transfers to another institution, reference our document [User Guidance - Export of Rodents](#).

Date Initiated \_\_\_\_\_ Ohio State Protocol Number \_\_\_\_\_

**Ohio State Information**

Investigator	Institution The Ohio State University	Laboratory Contact	Email
Veterinarian: <u>Dr. Carrie Freed</u> Export Coordinator: <u>Angie Summers</u>	Phone: <u>614-292-7319</u> Phone: <u>614-292-8541</u>	Veterinarian and Export Coordinator Email: <a href="mailto:animaltransport@osu.edu">animaltransport@osu.edu</a> Veterinarian and Export Coordinator Fax: <u>614-292-9282</u>	

**Receiving Institution's Information-Required**

Investigator	Institution	Laboratory Contact	Email
Veterinarian	Veterinarian Phone	Veterinarian Email	Shipping Contact
Shipping Contact Phone	Shipping Contact Fax	Shipping Contact Email	

**Animal Information-Required**Have the animals been inoculated and/or exposed to infectious agents, recombinant DNA, carcinogens, toxic chemicals and/or radionucleotides?  Yes  NoHave there been any experimental manipulations on the mice for this shipment?  Yes *list in the box below*  No

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Any Special Husbandry or Phenotype Requirements *list in the box below*

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Note: If exporting more than one strain or type of mouse you must use the [Rodent Export Request 604 addendum form](#) instead of completing the remainder of this section.

Species	Background Strain	Genetic Modification <i>if any</i> <input type="checkbox"/> Tg <input type="checkbox"/> KO <input type="checkbox"/> KI		
Specify Gene/Construct	Immune Status of Animals <i>select only one</i> <input type="checkbox"/> Normal <input type="checkbox"/> Immunodeficient <input type="checkbox"/> Undetermined			
Age/Date of Birth	Total Number	Number Male: _____ Female: _____	Color	Facility of Origin
Room of Origin	Rack	Cage Spaces		

**Charges for Services**

Note: Transportation arrangements for approved shipments are made by the Export Coordinator. Shipments are arranged with an approved carrier. If you would like to request a specific carrier, please provide an account number. Otherwise, payment for the shipment is billed to your Ohio State account. Animals are packed as caged unless otherwise instructed.

Who will pay for domestic shipping? *If you are sending overseas, the \$100.00 International Health Certificate will be charged to the Ohio State workday tag.* \_\_\_\_\_