



MONTCLAIR STATE

UNIVERSITY

Office of Laboratory Animal Resources

Animal Import/Export Form

Submit this form and ONE YEAR of health monitoring reports to the Vivarium Director mosesc@montcalir.edu

TRANSACTION NUMBER:

| SENDING INSTITUTE INFORMATION | | |
|-------------------------------|-------------------------------|-------------------------------|
| INSTITUTE NAME: | BUILDING: | ROOM #: |
| SENDING PI NAME: | SENDING PI EMAIL: | SENDING PI PHONE: |
| EXPORT COORDINATOR NAME: | EXPORT COORDINATOR EMAIL: | EXPORT COORDINATOR PHONE: |
| ATTENDING VETERINARIAN NAME: | ATTENDING VETERINARIAN EMAIL: | ATTENDING VETERINARIAN PHONE: |
| ANIMAL INFORMATION | | |
| SPECIES: | STRAIN: | |
| GENDER: | AGE: | QUANTITY: |
| RECEIVING PI INFORMATION | | |
| DESIRED IMPORTATION DATE: | RECEIVING PI: | RECEIVING PROTOCOL #: |
| PURPOSE OF USE AT MSU: | | |
| SHIPPING INFORMATION | | |
| SHIPPING TO BE PAID FOR BY: | SHIPPING COMPANY: | |
| OFFICE USE ONLY | | |
| HEALTH REPORTS RECEIVED DATE: | VETERINARY APPROVAL: | ARRIVAL DATE: |