

Request for Animal Shipment (Export)

INSTRUCTIONS: Please complete all sections and return by email or fax to: 845-8221-

Robyn Wilkins - LAR E-mail: robyn.wilkins@roswellpark.org Phone: 716-845-1781

Please call (716) 845-1781 if you have questions. **Incomplete paperwork will be returned to preparer for completion.**

Date of Request: April 2, 2014

RPCI Exporting Investigator Information

PI Name: Aimee Stablewski/Ken Gross		Phone #: 845-5843	
Department: GTTR		Fax #: 845-5908	
Lab Contact Dawn Barnas	Phone #: x1404	E-mail: dawn.barnas@roswellpark.org	

Which Institute responsible for shipping costs? ☐ RPCI ☒ Receiving Institute

Animal information:

Species: ___mouse___ Room # ___MRC 366___ Prot# ___912M

Strain: ___ Number of Animals: ___ Sex: ___ Age: ___

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- Exact animal information will be requested once export approved for shipment

Destination

Receiving Institute Information

Institution Name: University at Buffalo
Address: University at Buffalo
Laboratory Animal Facilities
3435 Main Street
23 Biomedical Education Bldg.
Buffalo, NY 14214
ATTN: Liz Ertel

PI Name:	Lab Contact
Phone #:	Phone #:
Fax#	Fax#:
E-mail:	E-mail:
Facility Veterinarian: Dr. Lisa Martin	Shipping Coordinator / Vivarium Contact Liz Ertel
Phone #: 716-829-3877	Phone #: 716-829-2340 or 716-829-2919
Fax# 716-829-3249	Fax#: 716-829-3249
E-mail: lbmartin@buffalo.edu	E-mail: eertel@buffalo.edu

- An **Animal Transfer and Liability Agreement** from RPCI must be signed by receiving investigator/Institute Official prior to animal release. Once form is signed by appropriate personnel at receiving institute, the form is to be forwarded to Ms. Kristen Castner (901 Washington, room 235) for RPCI signatures
- An **Animal Protocol Assurance form** must be signed by the receiving investigator/Institution (see next page)

Animal Protocol Assurance

(Filled out and signed by persons at receiving Institute)

Receiving PI.

Contact information if different from requestor:

Project / Experimental Title:

IACUC/ Ethics Program approval #:

IACUC/Ethics Program Chairperson Name:

Phone Number:

PHS Animal Welfare Assurance Number:

PI's Signature:

Date: