



University Animal Care

Non-approved Source Animal Import/Export Form



Action being taken:

University of Arizona Investigator Information		
Principal Investigator: _____	Protocol #: _____	Account #: _____
E-mail: _____	Phone #: _____	
Lab Contact: _____	E-Mail: _____	Phone #: _____

Materials Transfer Agreement (MTA) Completed?

Collaborating Institution Information		
Principal Investigator: _____	E-mail: _____	Phone#: _____
Lab Contact: _____	E-mail: _____	Phone#: _____
Institution Name: _____	Department: _____	Phone#: _____
Address: _____		
Shipping Contact: _____	E-Mail: _____	Phone#: _____
Health Report Contact: _____	E-Mail: _____	Phone#: _____
Facility Veterinarian: _____	E-Mail: _____	Phone#: _____

Animal Information		
Species: _____	Strain: _____	Normal/Tg/KO/Other: _____
Number of Animals: _____	Sex: _____	Age/Weight: _____
Immune Status: _____	UAC Animal Location: _____	
Will incoming animals be rederived into UAC facility? If yes, which facility? _____		
Special diet/housing required? Explain. (Incoming animals only): _____		
Will incoming animals be breeding? _____ If yes, is the Breeding Protocol and SOP complete? _____		
Shipping charges paid by? _____	Is the PI purchasing these animals? _____	

UAC Use Only	
Date	Notes