

# University of Connecticut Health Center

## CENTER FOR COMPARATIVE MEDICINE

### RODENT IMPORT REQUEST FORM

Complete this form to request rodent to be sent to another institution or laboratory. Submit the form to CCM by e-mail ([veterinaryservices@uchc.edu](mailto:veterinaryservices@uchc.edu)), fax (860-679 1300) or by regular mail.

**Contact Information:**

	Importing PI	Alternate Contact Person
Name		
Phone		
e-mail		
	Exporting PI/Institution	Animal Care Contact Person
Name		
Phone		
e-mail		
Institution		
State/Country		

**Animals to be received:**

Background strain/transgene	# of ♂	# of ♀	To be rederived or acute experimental use?
<b>Approved ACC Protocol #</b>		<b>GMO #</b>	<b>(if available)</b>

**Billing information:**

FRS Coding	FUND	ORG	Progam	Account

*Paperwork will not be started without the billing information.*

**NOTES:**