

REQUEST TO SHIP ANIMALS CHECKLIST

_____ D _____ ~~MTA~~ DEPARTMENTS
_____ USF TECHNOLOGY TRANSFER OFFICE
_____ MOFFITT
_____ MTA APPROVED ____/____/____

_____ CONFIRM IF AN ON-STUDY COLLABORATION
_____ CHECK MOU APPROVED & ATTACHED TO PROTOCOL

_____ DETERMINE ACCOUNT INFORMATION COMPLETED

_____ FORM COMPLETED BY RECEIVING INSTITUTION

_____ HEALTH REPORT SENT

_____ SHIPPING APPROVAL RECEIVED

_____ DETERMINE SENDING INSTITUTION SHIPPING COSTS

___ VISA

___ PO

___ REQUEST INVOICE

___ REQUEST PO

___ SHIPPING CONTAINERS

___ HANDLING FEE

___ ADMINISTRATIVE FEE

_____ CONTACT THE VIVARIUM MANAGER/PI

___ CONFIRM ANIMAL CAGES FLAGGED

___ CONFIRM ANIMAL #S

___ DETERMINE TYPE & # SHIP CRATES

___ CONFIRM IF ON-STUDY, VET HAS REVIEWED

_____ SHIPPING COURIER CONTACTED

_____ GENERATE SHIPMENT DOCUMENTS

___ AIR BILL

___ SHIP-TO & LIVE ANIMAL LABELS

___ HEALTH CERTIFICATES (IF NEEDED)

___ EXTRAMURAL DEPARTURE SHEETS

___ SENT TO MANAGER

_____ NOTIFY RECEIVING INSTITUTION SHIPMENT DETAILS

_____ CONFIRM HEALTH STATUS UPON ARRIVAL

_____ INVOICE RECEIVING INSTITUTION

_____ UPDATE SHIPPING FILE

_____ ORIGINAL TO ACCOUNTANTS