

REQUEST TO SHIP ANIMALS CHECKLIST

_____ DATE

_____ REQUEST TO SHIP FORM RECEIVED

_____ NOTIFY 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