## REQUEST TO SHIP BIOLOGICAL MATERIALS TO ANOTHER INSTITUTION

University of South Florida, Division of Comparative Medicine 12901 Bruce B. Downs Blvd., MDC 20, Tampa, FL 33612 Telephone (813) 974-9876

FORM #:		

Shipping biological materials to another institution must be requested in writing, approved when accomplished by Comparative Medicine Principal Investigators: Please complete Parts 1-4, and return by e-mail to CompMed@research.usf.edu or by fax to (813) 974-9432

PART 1: CONTACT INFORMATION				
A. SHIPPING:	B. RECEIVING:			
Principal Investigator:	Principal <u>Investigator:</u>			
IACUC Protocol #:	Phone:			
Phone: Fax:	Fax:			
Email:	Email:			
Shipping Contact: Fiscal & Business Specialist	Receiving Contact:			
	ſ	Phone:		
Phone: 813-974-3844	Fax:			
Fax: 813-905-9894 Email: Animalorders@research.usf.edu		Email:		
	Liliali.			
PART 2: BILLING INFORMATION	SHIP-TO ADDRESS:			
Bill to USF/Moffitt Investigator: ☐ Bill to Receiving Institution: ☐				
Billing Contact Name:				
Billing email/phone	:			
Billing account/PO				
Courier & Account:				
PART 3: MATERIAL INFORMATION				
Species:				
Material Description: (e.g., ES cells, embryos, Strain/Line/Gen	otype	ount:		
sperm)				
*Insert additional rows if needed.	·			
DART 4 CONDITIONS				
PART 4: CONDITIONS	and ICE Detents & Linearing Technology	an A anna ann an tha A A a titl		
<ol> <li>Inter-institutional transfers of mice must first be approved in writing by eitl Cancer Center Office of Technology Management &amp; Commercialization,</li> </ol>				
I have contacted the appropriate office above and determined M	aterial Transfer Agreement (MTA) is in-	place MTA is in-progress		
MTA Status		pidoo		
MTA is not required Confirmed by:				
<ol><li>Indicate in Part 2 (above) the billing contact and the research account nu will be billed. Enter the name of the courier and courier account when the</li></ol>	mber and/or PO number to which shipp	ing/box cost or any balance due		
Will be billed. Enter the name of the council and sound assecute when the	Tooliving inclination to responsible for a	inima danopora		
PART 5: SIGNATURE APPROVING RECEIPT OF BIOLOGICAL MATERIAL	.S:			
The individual named below has delegated authority for the receiving institutio	n, has reviewed this request and approv	es this shipment of biological		
material.				
Circohur	I Nama			
Signature Printed	I Name			
Teleph	one.	Date:		
Position	Silo. []	<u> </u>		