Marshall University

Animal Resource Facility (ARF)

EXPORT FORM – REQUEST FOR HEALTH CERTIFICATE

Shipping Investigator

- Principal Investigator Name: _____ Department: _____
- PI Phone Number: _____ PI E-Mail Address: _____
- Lab Contact for Shipping: _____
- Lab Contact Phone Number: _____ Lab Contact E-Mail: _____
- Who is Paying Shipping Costs? (Please check one)

Sending PI ☐ Receiving PI ☐

Animals To Be Sent

- Building, Room Number, Rack Number: _____
- Species: _____
- Strain(s): _____
- Number of Males: _____ Number of Females: _____
- Total Number of Animals: _____
- Total Number of Cages: _____

Receiving Institution

- Receiving Institution Name (no address needed): _____
- Receiving Investigator at Receiving Institution (Name): _____
- Receiving PI Phone Number: _____ PI Email: _____
- Lab Contact Name: _____
- Lab Contact Phone Number: _____ Lab Contact E-Mail: _____
- Institutional Veterinarian Name: _____
- Veterinarian Phone Number: _____ Veterinarian Email: _____

Exporting PI Instructions

Use veterinary health check card to mark cages (found in ARF Tech office).

If not marked, cages cannot be checked.

Once completed, scan and email form to Linda Massie at massiel@marshall.edu.