

Shipper	
Name: _____	Lab: _____
Phone: _____	Email: _____
<u>Animal information :</u>	
Species: _____	Number of females: _____
Strain: _____	Number of males: _____
<u>Genetically modified animal?</u>	Number of cages: _____
Facility Building: _____	Facility Room: _____
PyRAT request: _____	

Recipient	
<u>Institution Name:</u> _____	
<u>Contact person:</u> _____	
Phone: _____	Email: _____
<u>Recipient lab:</u> _____	
Phone: _____	Email: _____
<u>Facility vet:</u> _____	
Phone: _____	Email: _____
Shipping address:	Name: _____
	Address: _____
	Address: _____
	Address: _____
	Address: _____
	Phone: _____
<u>Carrier and account number :</u> _____	
Approval to ship by recipient? _____	Preferred shipment date: _____