



Submit this form and ONE YEAR of health monitoring reports to arcdvets@vt.edu.

SENDING INSTITUTE INFORMATION		
INSTITUTE NAME	BUILDING	ROOM #
SENDING P.I. NAME	SENDING P.I. EMAIL	SENDING P.I. PHONE
EXPORT COORDINATOR NAME	EXPORT COORDINATOR EMAIL	EXPORT COORD. PHONE
LAB ANIMAL VET NAME	LAB ANIMAL VET EMAIL	LAB ANIMAL VET PHONE

ANIMAL INFORMATION		
SPECIES	STRAIN	
GENDER	AGE	QUANTITY

RECEIVING P.I. INFORMATION			
DESIRED IMPORTATION DATE	RECEIVING P.I.	IACUC #	FUND #
DURATION/PURPOSE OF USE AT VIRGINIA TECH (E.G., SHORT-TERM IN PHENOTYPING CORE, LONG-TERM BREEDING COLONY)			
DESTINATION FACILITY/BUILDING AT VIRGINIA TECH			

SHIPPING INFORMATION	
SHIPPING TO BE PAID FOR BY	SHIPPING COMPANY

OFFICE USE ONLY		
HEALTH REPORTS RECEIVED DATE	VETERINARY APPROVAL	ARRIVAL DATE
LENGTH OF QUARANTINE	QUARANTINE TESTING REQUIRED	TESTING RESULTS