

REQUEST TO RECEIVE BIOLOGICAL MATERIALS FROM 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 #:

Receiving biologics from another institution must be requested in writing, approved and accomplished by Comparative Medicine
Principal Investigator: Please complete **Parts 1-4**, to include signature of Mouse Models Core acknowledgement and return by e-mail as an attached document to CompMed@research.usf.edu or by fax to (813) 974-9432.

PART 1: CONTACT INFORMATION

A. RECEIVING:

Principal Investigator:
 IACUC Protocol #:
 Phone: Fax:
 Email:

Shipping Contact: **Fiscal & Business Specialist**
 Phone: **(813) 974-3844** Fax: **(813) 905-9894**
 Email: **Animalorders@research.usf.edu**

B. SHIPPING:

Principal Investigator:
 Shipping Institution:
 Phone: Fax:
 Email:
 Shipping Contact:
 Phone: Fax:
 Email:

PART 2: BILLING INFORMATION

Bill to USF/Moffitt Investigator: Bill to Shipping Institution:
 Billing Contact Name:
 Billing Email/Phone:
 Billing Account/PO #:

PART 3: MATERIAL INFORMATION

Species:

Material Description: (e.g., ES cells, embryos, sperm)	Strain/Line/Genotype:	Amount:

*Insert additional rows if needed.

PART 4: CONDITIONS

1. The Mouse Models Core has been contacted to provide the following service: Rederivation Cryopreservation Cryorecovery

Signature of Mouse Models Core

2. Inter-institutional transfers of biological materials must first be approved in writing by either USF Patents & Licensing, Technology Agreements, or the Moffitt Cancer Center Office of Technology Management & Commercialization, prior to mice arriving on campus:

I have contacted the appropriate office above and determined Material Transfer Agreement (MTA) is in-place MTA is in-progress
 MTA is not required
 MTA Status Confirmed by:

3. The strain/line/genotype of the animals requested for rederivation/cryorecovery is described in IACUC protocol:

4. Indicate above in **Part 2** to which USF account costs are to be billed if you are covering all or a portion of the costs of transfer.

Signature of Principal Investigator

Date: _____

PART 6: SIGNATURE APPROVING THE RECEIPT OF BIOLOGICAL MATERIALS:

Signature for Comparative Medicine

Date: _____