**Tierforschungszentrum**

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**Exportformular**(bitte vollständig ausfüllen/ please fill out completely)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SENDER** |  |  |  |  |  |  |
| Researcher: |  | | | | Email: |  |
| Phone No.: |  | | | | No. of the experimental protocol: |  |
|  |  |  |  |  |  |  |
| **RECIPIENT** |  |  |  |  |  |  |
| Researcher: |  | | | | Animal facility manager: |  |
| Institution: |  | | | | Phone No.: |  |
| Phone No.: |  | | | | Email: |  |
| Email: |  | | | |  |  |
|  |  |  |  |  |  |  |
| **DELIVERY ADRESS** |  |  |  |  |  |  |
| Contact person: |  | | | | City, Street, No.: |  |
| Email: |  | | | | Country: |  |
| Phone No.: |  | | | | ZIP Code: |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TRANSPORT INFORMATION** |  |  |  |  |  |  |
| Official Strain Name /Transgene/KO: |  | | | | Diet source (if not standard): |  |
| Animal location  (barrier/ room): |  | | | | Water source (if not Hydrogel): |  |
| Do the animals carry infectious agents? |  | | | | Invoice data (person, institution): |  |
| Number of animals: |  | **♂** |  | **♀** | Special shipment requirements: |  |
| Animal ID's: |  | | | |  |  |
|  |  |  |  |  |  |  |
| Courier Company |  | | | | | |
|  |  |  |  |  |  |  |
| **PAYMENT INFORMATION** |  |  |  |  |  |  |
| Invoice account: |  | | | | | |
| Complete invoice address (incl. street, ZIP code) |  | | | | | |