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| --- | --- |
| Leave blank |  |
| Export number | Import date |

ANIMAL EXPORT

Please, fill in this form. Send the completed form to the email: [ccp-afm@img.cas.cz](mailto:ccp-afm@img.cas.cz)

SENDER

|  |  |  |  |
| --- | --- | --- | --- |
| **Researcher:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Phone No.:** | Click here to enter text. |  |  |

CONSIGNEE

|  |  |  |  |
| --- | --- | --- | --- |
| **Researcher:** | Click here to enter text. | **Animal facility manager:** | Click here to enter text. |
| **Institution:** | Click here to enter text. | **Phone No.:** | Click here to enter text. |
| **Phone No.:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Email:** | Click here to enter text. |  |  |

DELIVERY ADRES

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact person:** | Click here to enter text. | **City, Street, No.:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Country:** | Click here to enter text. |
| **Phone No.:** | Click here to enter text. | **ZIP Code:** | Click here to enter text. |

TRANSPORT INFORMATION

|  |  |
| --- | --- |
| **Invoice data (person institution):** | Click here to enter text. |
| **Strain/Transgene/KO:** | Click here to enter text. |
| **Special Shipment requirements:** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Amount of animals** | **Animal ID** | **Location** |
| Click here to enter text. | Click here to enter text. | Click here to choose location. |
| Click here to enter text. | Click here to enter text. | Click here to choose location. |