**REQUEST TO EXPORT CRYOPRESERVED SPERM/EMBRYOS TO AN EXTERNAL FACILITY**

**- Domestic or International Export**

All fields in this form must be completed, indicate N/A if not applicable. Please email this form to phenbank@anu.edu.au

***Please note:* For this request to be accepted the following will be required prior to the material exiting APF:**

1. Material Transfer Agreement (MTA) – For applicable strains

**Additional requirements for International exports**

1. Receiver’s Import Permit or confirmation from receiver that this is not required
2. Department of Agriculture Export Permit

|  |  |
| --- | --- |
| 1. Personal Data |  |
| **Date of Request** |  |
| **Full name of person requesting materials to be sent** |  |
| **Department** |  |
| **Email Address** |  |
| **Phone Number**  |  |
| 2. Receivers Data |  |
| **Establishment where materials are to be sent** |  |
| **Contact name** (Person receiving materials from courier) |  |
| **Contact’s phone number** |  |
| **Contact’s Email Address** |  |
| **Exact Building Address for delivery** (To assist couriers) |  |
| **Material Transfer Agreement (MTA) Approved**Please attach  |  |
| 3. Strain Data |  |
| **Full Nomenclature** |  |
| **Strain Nickname** |  |
| **APB ID #** |  |
| **Background strain** |  |
| **Basic genetic modification** eg: KO; KI; Tg |  |
| 4. Ethical and OGTR Approval |  |
| **AEEC/Ethics Protocol #****for the use of the materials in the importing facility** |  |
| **Importing researcher’s NLRD # for GMO’s**(For Domestic export only) |  |
| **PC2 # of the Receiving Facility**(For Domestic export only) |  |
| 5. Cost Recovery Data |  |
| **Who is responsible for shipping costs?** - Consumables, processing, courier, and documentation Please provide their full details below |  |
| **Shipping Invoice Details** Please supply FULL details for invoicing:Contact Name, Email & Phone |  |
|  |  |
| **Additional Comments** |  |
|  |