IMPORTING ANIMALS FROM OTHER INSTITUTIONS

UNC – Chapel Hill, Division of Laboratory Animal Medicine
Contact: Phone# 919-966-0711 wataylor@email.unc.edu
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INFORMATION FOR INVESTIGATOR RECEIVING ANIMALS

Investigator Name ____________________________ IACUC Protocol# ____________________________
Investigator Signature * ____________________________ Account # per Animal Import costs
Investigator Phone#: ____________________________ Account# per Animal Housing cost
Investigator Email: ____________________________ Contact Person: ____________________________
Contact Person: ____________________________ Date of Request: ____________________________
Contact Email: ____________________________ Contact Phone #: ____________________________
Facility and Room to be housed after quarantine  Bldg__________ Room ___________

* Your signature indicates that you are responsible for the use of these animals, as well as purchasing and housing costs.

SENDING INSTITUTION INFORMATION

Sending Institution: ____________________________
Name of Investigator Shipping Mice: ____________________________
Name of Contact for Investigator: ____________________________
Contact Phone#: ____________________________ Contact Fax#: ____________________________
Contact Email: ____________________________ Transport Agent of Sending Institution: ____________________________
Transport Agent of Sending Institution: ____________________________ Email: ____________________________
Request Delivery Date: ____________________________
Strain: ____________________________ Species: ____________________________
Sex: __________ Quantity: ____________________________ Age: ____________________________
Weight: ____________________________
Immune Status: Normal
T-cell deficient
B-cell deficient
Other (please specify) ____________________________
Special Requirements: ____________________________

Fax to 919-966-1273 or deliver to Room UB11 Genetic Medicine Building