

# IMPORTING ANIMALS FROM OTHER INSTITUTIONS

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UNC – Chapel Hill, Division of Laboratory Animal Medicine  
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## INFORMATION FOR INVESTIGATOR RECEIVING ANIMALS

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Investigator Name \_\_\_\_\_ IACUC Protocol# \_\_\_\_\_  
\_\_\_\_\_  
**Investigator Signature** \_\_\_\_\_ Account # per Animal Import costs  
\* \_\_\_\_\_  
Investigator Phone#: \_\_\_\_\_ Account# per Animal Housing cost  
Investigator Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

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.*

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## 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: \_\_\_\_\_  
Email: \_\_\_\_\_  
Request Delivery Date: \_\_\_\_\_  
Strain: \_\_\_\_\_ Species: \_\_\_\_\_  
Sex: \_\_\_\_\_ Quantity: \_\_\_\_\_ Age: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Immune Status:   Normal  
                      T-cell deficient  
                      B-cell deficient  
                      Other (please specify) \_\_\_\_\_  
Special Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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