

REQUEST TO IMPORT RODENTS FROM OTHER INSTITUTIONS

The Department of Comparative Medicine will confirm the health status with the attending veterinarians of the sending institution prior to proceeding with any shipping arrangements.
NO ANIMALS MAY BE SHIPPED WITHOUT DCM APPROVAL

TO BE COMPLETED BY INVESTIGATOR

OHSU PI Name _____ Phone _____ E-mail _____
Protocol # _____ Acct. # _____ (for billing purposes)
OHSU Lab Contact Person's Name _____ Phone _____ E-mail _____
Sending Institution _____
Address _____
Sending PI Name _____ Phone _____ Fax _____ E-mail _____
Species Strain Number of Animals: _____ Male _____ Female _____ # of Boxes _____
Sending Institution's Animal Resource Department (Veterinarian or Manager/Supervisor)
Name _____ Phone _____ Fax _____ E-mail _____
Freight to be paid by: **Sender** **OHSU PI** Requested Shipping Date _____ (allow a minimum of 2 weeks)
To be housed **after quarantine** in Bldg _____ Room _____ Special housing/shipping _____

PI will be billed \$40.00 for this transaction at the time the request is approved by DCM.

I understand that these animals may not be shipped until approved by OHSU Dept. of Comparative Medicine:

Investigator's Signature

TO BE COMPLETED BY OHSU COMPARATIVE MEDICINE

APPROVED OHSU Dept. of Comparative Medicine Authorized Signature: _____

Animals will be *placed in QUARANTINE on arrival* for approximately 9 weeks:

SPF: _____ Isolator # _____

Conventional: _____ Sentinels required: yes no _____

Billed: _____