

# University of Louisville

## Animal Importation Request (U.S.)

**PLEASE COMPLETE AND RETURN TO IMPORT/EXPORT CONTACT**

Date:

Request #:

<b>RECEIVING INSTITUTION</b>		UNIVERSITY OF LOUISVILLE
Address		Comparative Medicine Research Unit
		580 S. Preston Street
City, State, Zip Code		Louisville, KY 40202
PI Name		
IACUC #		
<b>Lab Contact:</b>	Name	
	Phone/Fax	
	Email	
<b>Import/Export Coordinator: (Primary)</b>	Name	Chris Wilber
	Phone/Fax	502.852.6905 Fax: 502.852.2963 c
	Email	christopher.wilber@louisville.edu
<b>Import/Export Coordinator: (Back Up)</b>	Name	Penny White
	Phone/Fax	502.852.4605 Fax: 502.852.6007
	Email	penny.white@louisville.edu
<b>Veterinary Contact:</b>	Name	Mary Proctor, DVM, MS, DCLAM
	Phone/Fax	502.852.1081 Fax: 502.852.6007
	Email	mary.proctor@louisville.edu

<b>INSTITUTE OF ORIGIN</b>		
Address		
City, State, Zip Code		
PI Name		
Department		
<b>Lab Contact:</b>	Name	
	Phone/Fax	
	Email	
<b>Shipping Coordinator:</b>	Name	
	Phone/Fax	
	Email	
<b>Import/Export Contact:</b>	Name	
	Phone/Fax	
	Email	
<b>Veterinary Contact:</b>	Name	
	Phone/Fax	
	Email	

**SHIPPING/BILLING INFORMATION**

<b>Paid by Receiving PI</b> <input type="checkbox"/> <b>Speedtype:</b>		<b>Paid by Exporting PI</b> <input type="checkbox"/>	<b>Courier Name &amp; Account #</b>
<b>Tentative Ship Date:</b>	<b>Waybill #:</b>	<b>Job#:</b>	<b>Other Information:</b>
<b>Special Instructions:</b>			

**ANIMAL INFORMATION**

Species	Strain (list 1 per line)	#M	#F	Age	Current Location(Bldg/Room)	Are these animals allowed to be taken out of the facility and returned?
<input type="checkbox"/> MOUSE* <input type="checkbox"/> RAT* <input type="checkbox"/> OTHER**						<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO * Is the requested strain(s) approved for use in the current IACUC protocol? (If no, a protocol modification is required)						
<input type="checkbox"/> YES <input type="checkbox"/> NO **Is this a USDA regulated species?						

**EXPORTING FACILITY INFORMATION**

Facility Type	Caging Type	Cage Changing
<input type="checkbox"/> Barrier <input type="checkbox"/> Conventional <input type="checkbox"/> Other	<input type="checkbox"/> IVCS <input type="checkbox"/> Conventional <input type="checkbox"/> Microisolator <input type="checkbox"/> Other	<input type="checkbox"/> W/ Change Hood <input type="checkbox"/> W/O Change Hood <input type="checkbox"/> Autoclaved Cage Kits <input type="checkbox"/> Feed/Bedding/Water <input type="checkbox"/> Autoclaved <input type="checkbox"/> Irradiated <input type="checkbox"/> Acidified <input type="checkbox"/> Standard
<b>Facility(ies) Description Summary</b> (PPE, shared staff, cagewash, etc.)/Other Information:		

**SENTINEL/HEALTH STATUS INFORMATION**

Sentinel Animals	Testing Frequency	Is Serology Performed In-House?
<input type="checkbox"/> Soiled Bedding <input type="checkbox"/> Contact <input type="checkbox"/> Colony Animals <input type="checkbox"/> Other	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are there any pathogens or health problems with this animal facility/room?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN)
<b>Have there been any health issues or disease outbreaks at this institution within the past 12 months?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN)
<b>Sentinel Program Description Summary</b> (species, age, vendor, etc.)		

**12 MONTHS OF HEALTH DATA FOR THE ANIMAL FACILITY/ROOM MUST BE FURNISHED BY THE EXPORTING FACILITY FOR REVIEW**

**AN ANIMAL ORDER FORM MUST BE RECEIVED BY THE IMPORT COORDINATOR FROM THE RECEIVING INVESTIGATOR PRIOR TO SHIPPING**