

Import

ANIMAL RESOURCE CENTER
CASE WESTERN RESERVE UNIVERSITY
http://casemed.case.edu/ora/arc/

2109 ADELBERT ST.
CLEVELAND, OH 44106
PHONE: (216) 368-3490 Fax: (216) 368-4763
arcimport-export@case.edu

NONSTANDARD VENDOR IMPORT FORM

Investigators: Please complete the unshaded areas of the form providing all of the information available. A representative of the laboratory must be available on the day of arrival. If unboxing instructions are not clear we will ask a laboratory representative to unbox the animals. Please submit to the ARC main office or fax to 368-4763

Please let us know if you unbox your own animals so we can record their arrival.

RECIPIENT INFORMATION AT CASE

ARC USE Only

| | | |
|---|-------------------------|--|
| Investigator: | Protocol Number: | ARC Number: |
| Phone: | Fax: | Protocol Status: |
| Email: | Account No: | Health info received: |
| Sending Institution: | | PI Name: |
| Species: | | Phone number: |
| Strain/Transgene/KO: | | Fax number: |
| Number of genotypes shipped: | | Email address: |
| Are mice individually identified? Y N | | Animal Facility Contact Name: |
| Do animals carry agents infectious for humans? Y N | | Phone number: |
| If YES, specify: _____ | | Fax number: |
| Quantity: | | Email address: |
| Estimated Arrival Date: | | PI or designee to be present during unboxing: Y N |
| Estimated duration of housing: | | Contact Name: _____ |
| Microisolator housing Y N | | Phone: _____ |
| Breeding colony planned? Y N | | Other special requests: |
| Anticipated size of breeding colony: (number of cages) | | |
| Atgard (dichlorvos) & Fenbendazole Y N | | |

SOURCE INFO

HOUSING INFO

IMPORT

Veterinary Approval (ARC Use Only)

| | | | | |
|---|------------------|-------------------------|------------------------|-----------------|
| <input type="checkbox"/> NSV Spreadsheet input: Init: _____ | DATE | PERS/PHONE/EMAIL | TOPIC DISCUSSED | INITIALS |
| Housing location: | Comments: | | | |
| Quarantine Y N | | | | |
| Retesting Y N | | | | |
| Rederivation Y N | | | | |

ARC USE ONLY

| | |
|---|--|
| ARC Veterinarian Signature: _____ | Date: _____ |
| <input type="checkbox"/> NSV Spreadsheet input: Init: _____ | <input type="checkbox"/> Confirmatory email to PI and Source Institution |

| | |
|-------------------------------|-------------------------------|
| Receiving Information: | |
| Date of arrival: _____ | Number of cages: _____ |
| Number of animals live: _____ | Number of animals dead: _____ |
| Comment: _____ | |

| | | | | |
|---|--------------|--------------------------|------------------------|-----------------|
| <input type="checkbox"/> NSV Spreadsheet input: Init: _____ | Date: | Pers/Phone/e-mail | Topic Discussed | Initials |
|---|--------------|--------------------------|------------------------|-----------------|

| | |
|---|---------------|
| Quarantine Information: | |
| Date Tested: _____ | Result: _____ |
| Transfer: _____ | |
| ARC Veterinarian Release Signature: _____ | Date: _____ |
| <input type="checkbox"/> NSV Spreadsheet input: Init: _____ | |