

Import

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

2109 ADELBERT ST.
CLEVELAND, OH 44106
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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: _____

NSV Spreadsheet input: Init: _____ 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
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Quarantine Information:

Date Tested:	Result:
Transfer:	

ARC Veterinarian Release Signature: _____ Date: _____

NSV Spreadsheet input: Init: _____