Transfer Request to Receive Animals from another Institute

Morehouse School of Medicine

Center for Laboratory Animal Resources
Phone 404-752-1199
Fax 404-756-5268

Date Request Initiated
Requested Shipment Date
Email dfloyd@msm.edu

Please provide complete information. Failure to provide complete information may result in delays and additional shipping charges.

Information for Animals to be shipped to **MSM** from other Institutions

Full Name _____ Department _____

Contact Person (if different from PI)_____

Campus Address

_____

_____

Phone_____ Fax _____ E-mail _____

Approved MSM IACUC Protocol # MSM Account #

Animal Information

Genus and Species _____

Desired background Strain _____

Proposed Animal Use

Establish Breeding Colony ☐ Yes ☐ No

Acute Studies ☐ Yes ☐ No

Long Term Studies ☐ Yes ☐ No

Strain/Stock (Complete strain required or form will be returned)	Sex	Number of Animals	Date of Birth or approx. age	Identification Number and/or color

Are the animals immunosuppressed? ☐ Yes ☐ No
Do the animals make antibodies? ☐ Yes ☐ No

If yes, please provide a literature reference or other evidence to support the above statement.

_____

_____

If no, will these animals be breed with immunosuppressed animals? ☐ Yes ☐ No

Are there any phenotype characters that CLAR needs to be aware of? ☐ Yes ☐ No

If yes, please describe: _____

_____

Do these animals require special care or sterile caging, acidified water, back-crossing, food, etc.?_____

_____

Colony Health Status (regarding the following pathogens): ***HEALTH STATUS REPORT FROM ATTENDING VETERINARIAN REQUIRED***

1. Ectoparasites – lice, mites
2. Endoparasites – pinworms, protozoa
3. Mycoplasma pulmonis
4. Pathogen viruses: Mouse hepatitis virus, sendai virus, Pneumonia virus of mice, minute virus of mice, mouse parvovirus, GD7, Reovirus, Mouse Adenovirus, Polyoma virus, Ectromelia virus, Lymphocytic choriomeningitis virus, hanta virus
5. Bacterial pathogens: corynebacterium Kutscheri; Streptobacillus moniliformis; salmonella spp.; citrobacter rodentium

Shipping Investigator

Full Name_____ Department _____

Name of Institution_____

Phone_____ Fax_____ E-mail _____

Source Information

Contact Person (if different from PI, then name, position and telephone number):

_____

Source Attending Veterinarian:

Full Name_____ Department _____

Name of Institution_____

Phone_____ Fax_____ E-mail _____

Please note that in months of extreme temperatures (e.g. Summer & Winter), shipping may be delayed.