

DAR Form A-3

Emory Investigator Requesting Rodent Acquisition from Other Institutions

Emory University
Division of Animal Resources
Vivarium Coordinator-Carol Westbury BS, RLATG
Fax: 404-727-3253
Clinical Veterinarian – Dr. Deborah Mook

Date Request Initiated:
Requested Shipment Date:
Phone: (404)712-1269
Email: cwestbu@dar.emory.edu

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

Information for Animals to be Shipped to Emory from Other Institutions

Full Name: _____ Department: _____

Contact Person (if different from PI): _____

Campus Address: _____

Phone: _____ Fax: _____ E-mail: _____

Approved Emory IACUC Protocol #: _____ Emory Account #: _____

Animal Information

Genus and Species: _____

Proposed Animal Use:

Establish breeding colony: _____

Acute studies: _____

Long term studies: _____

| Strain/Stock (Complete strain name required or form will be returned) | Sex | Number of animals | Date of birth or approximate age | Identification number and/or color |
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1. Are the animals immunosuppressed? Yes No

2. Do these animals make antibodies? Yes No

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

4. If “no,” will these animals be bred with immunosuppressed animals? Yes No

5. Are there any phenotypic characters that DAR needs to be aware of?

6. Do these animals require special care, i.e. sterile caging, acidified water, back-crossing, food, etc.)?

7. Are you paying the cost of the shipping?

8. It is recommended for founder mice to be genotyped after arrival to guarantee the correct mice were shipped. This should be done before any mice are set up as breeders.

I would like to have tissue samples for genotyping _____

I DO NOT want tissue samples _____

9. Are your mice going to the Breeder Colony in Whitehead to be managed by Minida Dowdy?

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

1. Ectoparasites (i.e. lice, mites)
2. Endoparasites (pinworms, protozoa)
3. Mycoplasma pulmonis

4. Pathogenic viruses: Mouse hepatitis virus, Sendai virus, Pneumonia Virus of Mice, Minute Virus of Mice, Mouse Parvovirus, GD-7, Reovirus-3, Mouse Adenovirus, Polyoma virus, Ectromelia virus, Lymphocytic Choriomeningitis Virus, Hantavirus
5. Bacterial pathogens: *Corynebacterium kutscheri*, *Streptobacillus moniliformis*, *Salmonella* spp., *Citrobacter rodenticum*

Shipping Investigator

Full Name: _____ Department: _____
Name of Institution: _____
Phone: _____ Fax: _____ E-mail: _____

Source Information

Contact Person (if different from PI, their position and telephone number): _____

Source Attending Veterinarian:

Full Name: _____ Department: _____
Phone: _____ Fax: _____ E-mail: _____

* Please note that in the months of extreme temperatures (e.g. summer & winter) shipping may be delayed.