



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Division of Animal Resources

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DAR Form A-2

Request for Rodent Shipment to Other Institution

ALL fields must be completed. Incomplete form may result in delays and additional shipping charges.

Emory Investigator Information

Date Request Initiated: _____ Requested Shipment Date: _____

PI Full Name: _____ Department: _____

Campus Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: Name: _____ Phone: _____ Email: _____

IACUC Protocol #: _____ Smartkey account# _____ Segment _____

EFFECTIVE 6/1/2014 Smartkey MUST be linked to the protocol and segment # is now required

Receiving Investigator Information

Name of Institution: _____

PI Full Name: _____ Department: _____

Phone: _____ Fax: _____ Email: _____

Contact Person (if not the PI) _____ Phone _____ Email _____

Can the receiving institution rederive frozen embryos? Yes No

Would you like to use this option? Yes No

If yes, Emory's Mouse Transgenic Core Lab (<http://www.cores.emory.edu/tmc/index.html>) can assist you with the creation of embryos. Please complete the remainder of this form as the receiving institution will still require health status reports.

If no, please explain why not:

Receiving Facility Information

Veterinarian: _____ Phone: _____ Email: _____

Shipping Coordinator: _____ Phone: _____ Email: _____

Animal Information

Species: _____ Total number of animals: _____ Total number of cages: _____

Emory Housing Site: Building: _____ Room _____ Rack _____

Have these animals ever been housed elsewhere? Yes No If yes, where/when? _____

Please list each cage separately and attach additional pages if needed

Same-sex cages preferred by most institutions; DO NOT combine unfamiliar male mice!

<u>Cage Barcode #</u>	<u>Strain/Stock</u> (complete strain name required)	<u>Sex</u>	<u>#</u>	<u>DOB/age</u>	<u>Animal ID</u>	<u>Coat color</u>

Are these animals immune deficient and/or sterile-housed? Yes No

Are there any special husbandry instructions that should be conveyed to the receiving institution?

Yes No If yes, describe completely: _____

Is there an obvious phenotype? Are the animals expected to develop a disease? Yes No

If yes, describe completely: _____

Have the animals undergone any experimental manipulation prior to shipment? Yes No

If yes, describe completely: _____

Billing Information

Who is to be responsible for payment of the charges associated with this shipment?

Emory PI Smartkey number to be billed _____

Receiving PI Was a PO # provided? Yes No PO# _____

Please attach a copy of the PO, if available

Billing contact: Name _____ Phone _____ Email _____

Mailing address for invoice:

Name/Department _____

Institution _____

Street address _____

City _____

State _____ Zip _____

****IMPORTANT: Most institutions have a separate 'Accounts Payable' address to where invoices should be sent for efficient processing. It is the responsibility of the EMORY PI to confirm that this is the correct address before submitting this form. If Emory encounters difficulty obtaining payment for our invoice, the EMORY PI WILL BE BILLED.****