

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

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

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 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: _____	