

IMPORT REQUEST FORM

Please submit this form via email to VetSvcRequests@umassmed.edu

The form can be saved and edited for later use. Updated forms can be found on the Animal Medicine [website](#).

For more detailed information on the [import](#) and [quarantine](#) process, please visit our website.

If importing >10 cages, please also attach a spreadsheet that includes Animal Information (as outlined below).

*Required fields.

UMMS LAB INFORMATION

Principal Investigator*: Merav Socolovsky		IACUC Protocol #*: A- 1586	Request date:
Contact person*: Ashley Winward	Phone: 5088566102	Email*: ashley.winward@umassmed.edu	
Quarantine Type*: Standard Quarantine (~5 weeks, serology based)			
Who will be responsible for shipping costs*: UMMS <input checked="" type="radio"/>		Exporting facility <input type="radio"/>	
Preferred housing location after Quarantine*: Facility: Lazare Research Building		Room: 158	
Has the OTM (Office of Technology Management) been contacted regarding an Material Transfer Agreement (MTA)*? Yes <input checked="" type="radio"/> No <input type="radio"/>			
If no, please contact the OTM @ 508-856-6639			

EXPORTING FACILITY INFORMATION

Institution Name*:		Principal Investigator*:	
Contact person*:	Phone*:	E-mail*:	
Veterinarian*:	Phone*:	E-mail*:	
Shipping Coordinator*:	Phone*:	E-mail*:	
<i>Please note that UMMS Veterinary Services prefer a written description of the exporting facility's health monitoring program, biosecurity practices, and a copy of any relevant colony diagnostic testing results from previous 12 months to be sent <u>in addition</u> to a completed Import Request Form.</i>			
Type of housing in originating facility*: Conventional (open-top) <input type="checkbox"/> Static Microisolator <input type="checkbox"/> Individual Ventilated Cages (IVC) <input type="checkbox"/> Other <input type="checkbox"/>			
Personal Protective Equipment and Biosecurity Controls used in originating facility (check all that apply)*:			
Gloves <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Surgical Mask <input type="checkbox"/> Hair cover <input type="checkbox"/> Disposable clothing <input type="checkbox"/> Change Hoods <input type="checkbox"/> Shower in <input type="checkbox"/>			
Biosafety Cabinets <input type="checkbox"/> Enforced facility traffic pattern <input type="checkbox"/> Re-entry of animals that leave the facility <input type="checkbox"/> Pest management program <input type="checkbox"/>			
Health Monitoring Program (complete all that apply, provide details below)*:			
Dirty Bedding Sentinels: Yes	Frequency: Quarterly	Testing Method: Serology	Number of colony cages per sentinel cage:
Environmental Monitoring: Yes	Frequency: Other	Testing Method: Other	Rack type: Filtered at cage level
	Duration racks are in place prior to testing: >6 weeks		
Colony Animal Testing: Yes	Frequency: Other	Testing Method: Other	Percentage of colony tested:
Other (provide details):			
Outbreak history*:			
Has the originating room, or any room that shares staff, supplies, or equipment, experienced an outbreak of an infectious agent in the previous 12 months? No			
If yes, please describe which agent, the mitigation/treatment plan, and when was the outbreak resolved:			
Has any room at the institution experienced an infectious disease outbreak in the last 6 months? No			
If yes, please describe which agent, the mitigation/treatment plan, and when was the outbreak resolved:			

ANIMAL INFORMATION:			
Species*: Mouse		Current Housing Location: Facility*: Room#*:	
Strain/Genotype(if multiple list below)*:		Tg <input type="checkbox"/> KO <input type="checkbox"/> N/A <input type="checkbox"/> Immune Status*: Normal <input checked="" type="radio"/> Deficient <input type="radio"/> Unknown <input type="radio"/>	
Total # of animals being shipped*:		Total number of cages*:	
# males*:	DOB*:	# females*:	DOB*:
# males*:	DOB*:	# females*:	DOB*:
# males*:	DOB*:	# females*:	DOB*:
# males*:	DOB*:	# females*:	DOB*:
# males*:	DOB*:	# females*:	DOB*:
Are there any special husbandry requirements?* (if yes, please describe) No			
Are there any clinically relevant phenotypes expected?* (if yes, please describe) No			
UMMS will be treating these mice with Fenbendazole feed and Ivermectin water while in quarantine. Will this have any adverse effects on the mice?* No			

A Veterinary Services team member will contact you to confirm receipt of the service request and to finalize necessary arrangements.