

COMPARATIVE MEDICINE UNIT ANIMAL IMPORT REQUEST

Please complete form & submit request for shipping at least two weeks prior to requested receiving date.

Today's Date		Requested Shipping Date	
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BILLING INFORMATION

* = Required Field

NEOMED PI*		Paying Institution*	
NEOMED Department*		Courier Information*	
NEOMED Protocol #*		NEOMED Index #*	

ANIMAL DESCRIPTION

Total Quantity*	No. of Males*	No. of Females*	Species*	Strain*	Special Requirements needed (i.e. micro isolators, sterile food, sterile water, etc.) If "yes", please specify. *

SHIPPING INSTITUTION

PI Name*		Official Contact Name*	
Phone #		Phone #	
E-Mail Address		E-Mail Address*	
Institution*		Veterinarian Name*	
Institution Address*		Phone #	
		E-Mail Address*	
Room #/Building # Where Animals are Currently Located*			

Do Not Write Below Line - Comparative Medicine Unit Only

ANIMAL HEALTH AUTHORIZATION

Animal Pathogen Report Receive Date			
Sending Institution Sentinel Program Description Received Date			
Veterinary Approval Date			
Animal Housing Category	<input type="checkbox"/> Quarantine	<input type="checkbox"/> Same Day Use	
Scheduled Ship Date	Expected Arrival Date	Arrival Date	

QUARANTINE DIAGNOSTICS

(Check all that Apply)

SEROLOGY	EXTERNAL PARASITOLOGY	INTERNAL PARASITOLOGY	<input type="checkbox"/> PCR – Specific for:
<input type="checkbox"/> Serology Basic	<input type="checkbox"/> Mite Fur Tape	<input type="checkbox"/> Fecal Flotation	<input type="checkbox"/> Other – Describe:
<input type="checkbox"/> Serology Comprehensive	<input type="checkbox"/> Mite Fur Pluck	<input type="checkbox"/> Pinworm – Anal Tape	
<input type="checkbox"/> Serology Comprehensive Plus	<input type="checkbox"/> Mite Fur Scrape	<input type="checkbox"/> Direct Smear	