SUNY DOWNSTATE MEDICAL CENTER (DMC)
Division of Comparative Medicine (DCM)
RODENT IMPORT from NONCOMMERCIAL VENDOR

Please include the most recent 12months of health information from the room of origin.

SUNY DMC Principal Investigator Name_____

Additional contact person for above PI and email:_____

IACUC approved Protocol Number that lists this genotype**, clinical abnormalities, breeding plan and total number of animals to be produced using the imported animals:

_____

PI verification signature:_____

if this mouse genotype is not specifically listed on an IACUC approved protocol, you must submit a new mouse genotype protocol amendment before DCM can process the import request

Species	Strain or genotype listed on an IACUC approved protocol	Number of males	Number of females	Date of birth

_____

Note that all mice are placed on feed supplemented with **Ivermectin** when received into quarantine; unless, a reason is given to indicate that this would be deleterious to the strain indicated above:

_____

…….

Name of Institution sending animals_____

Contact name_____

Contact phone number_____

Contact e-mail_____

Specify Rodent Diseases Known to be Present	In the room where animals (above) are housed	Currently:
		Within last three years:
	In the facility where animals (above) are housed	Currently:

Please direct all correspondence to: animal_orders@downstate.edu