JOHNS HOPKINS UNIVERSITY Research Animal Resources

IMPORT FORM

Johns Hopkins Investigators:

- 1. <u>Complete</u> this form in order for us to process your request. Send form to Steve Simpson at ssimps15@jhmi.edu
- 2. Send a copy to your collaborating investigator at the source institution

NOTE: Johns Hopkins University will not accept animals shipped from other institutions <u>unless</u> the animal health information has been approved by the JHU veterinary staff. Once the shipment is approved, JHU Animal Resources will contact the source institution for shipping.

*****NOTE TO SOURCE INSTITUTION: Do not ship animals without JHU Animal Resources approval**** **Johns Hopkins Investigator Receiving Animals Principal Investigator Name: Department: Building: Room Number:** Phone Number: Fax Number: Email: **Lab Contact for Shipping:** Phone #: **Email:** ***Pain Category (B, C, D, or E):* **Approved IACUC Protocol # for these Animals:** Hopkins Budget # (for Animal Care/Shipping) AND eSirius "label" for account: Who will be paying for shipping costs? -- Animal Information --**Species:** Background: Line: **Number of Females: Number of Males: Total Number of Animals to be Received:** Preferred Housing Location at Johns Hopkins after clearing quarantine: Facility: If you have requested a Helicobacter NEGATIVE location, then please also provide an alternate Helicobacter POSITIVE location in case they test positive (otherwise just write "N/A"): Room: **Facility:** Are these animals: Immuno-competent, Immuno-compromised, or Unknown: Are there any known or potential defects in the blood brain barrier (e.g. Mdr1a mouse)? Yes or No: (All mice are otherwise treated with Selamectin for fur mites upon arrival. Selamectin is very safe in adult animals, but it can cause toxicosis in young animals due to immaturity of the blood-brain barrier or in TG mice with P-glycoprotein deficiency). **Source of Animals** Investigator Name: Institution: Phone Number: Source Veterinarian Name: Phone Number: E-Mail Address: **Animal Transfer Coordinator at Source Institution** Phone Number: Name: E-Mail Address: For Animal Resources Use Only – Do Not Write In This Box Helicobacter Status: Other Testing Required: Serology: PCR: Parasitological: Bacteriological:

Shipment of Animals Approved: ☐ Yes ☐ No By Veterinary Staff:
