



University of Tennessee Health Science Center
Laboratory Animal Care Unit

Information About Animal Import/Export and Completing This Form

- All fields must be filled out by PI or PI staff at both institutions via computer. Hand written forms will not be accepted.
- Enter N/A for items that are not applicable.
- Submit the completed form via email to saycock@uthsc.edu for electronic filing.
- Forms submitted via fax will not be processed.
- Incomplete or modified forms will not be processed and will delay shipment.
- If multiple shipments are to occur to or from the same institution please note that each of these shipments is considered a separate transfer and a separate form will be necessary for each shipment.
- Numbers below indicate superscripts in the form:
 1. The courier account and shipping address will be provided after the importing institution has granted permission to ship.
 2. Billing in full will be made to either the UTHSC PI or the other institution. We are not able to split bills between multiple parties. Typically the receiving institution pays for the shipping charges.
 3. **Required to be filled in by the UTHSC PI for UTHSC Imports only. If UTHSC is exporting, place N/A or leave blank.**
 4. As a preventive measure, all mice and rats being imported to UTHSC will be treated during quarantine with one dose of topical Moxidectin for treatment of ecto-parasites and with dietary Fenbendazole feed for endo-parasites.
 5. Only terminal procedures may be permitted during quarantine. If your lab needs to collect animals for terminal procedures, please contact the LACU veterinary staff to arrange.
 6. Breeding of quarantined animals is not permitted in the UTHSC Quarantine facility.
 7. When rodents are imported to UTHSC, the LACU veterinarian will request health monitoring reports representing the animals being imported. This information should incorporate the last 12 months of tests and the latest round of tests should ideally be less than 90 days old. Testing samples should include serology and endo-/ecto- parasite information. Additionally, and if available, bacterial information should be provided. Please include:
 - **Mouse Serology** - MPV-1, MPV-2, MVM, NS-1, Sendai, PVM, MHV, TMEV, REO, *M. pulmonis*, EDIM, LCMV, MAV, ECTRO, K, POLY, and MNV.
 - **Rat Serology** - RPV, H-1, RV, RMV, NS-1, SEND, PVM, SDA/RCV, REO, MPUL, TMEV, LCMV, MRV, HTN, ECUN, CARB, ROTA-B.
 - For species other than mouse and rat, please contact the UTHSC LACU for further information.
 8. Currently, Helicobacter and MNV positive animals are accepted to UTHSC. If Helicobacter or MNV will influence your study, options are available, such as rederivation through outside sources. Please contact the LACU veterinarian for further information.
 9. Often transfers between investigators at different institutions require a written agreement, which is usually but not always a Material Transfer Agreement (MTA). While a MTA is required for transfers of animals in most cases, in some instances documentation is not required. It is highly recommended that the MTA be addressed prior to submitting this form to the LACU. Please contact the UTHSC Office of Sponsored Programs to inquire about the need for a MTA and to complete that documentation. If multiple strains are being transferred please provide the additional strain information on page four.
 10. If more than two strains need to be transported, please contact UTHSC LACU for assistance in completing these forms.
 11. **Required to be filled in by the UTHSC PI for Exports only. Leave blank or fill in with N/A if an import.**
- **RODENT HEALTH SURVEILLANCE IS MANDATORY FOR IMPORTS.** Mice/rats imported from non-approved sources usually go through a quarantine period lasting from 4 to 8 weeks. During this time, animals may be either directly tested for pathogens or dirty bedding from the imported animals will be used to expose naive sentinel animals to any agents the imported animals might be harboring. After 6 weeks of exposure, the sentinels are submitted for quarantine health surveillance. Please contact Dr. Aycock for information on quarantine requirements for other species. Charges for the health testing are incurred by the UTHSC investigator and will be charged to the account number provided on section 2 of this form.
- All animal procurements/acquisitions from non-approved vendors are required to go through the UTHSC LACU. For biosecurity reasons, unauthorized shipments will be euthanized upon their arrival to UTHSC.



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Animal Import/Export Request Form

SECTION 1	Institution Information	
Animals to be transferred (check only one):		
<input type="checkbox"/> TO The University of Tennessee Health Science Center (Import) <input type="checkbox"/> FROM The University of Tennessee Health Science Center (Export)		
UTHSC		Other Institution
Institution:	University of Tennessee Health Science Center	
City/State/Country:	Memphis, TN USA	
PI Name:		
PI Phone/Fax:		
PI Email:		
Lab Contact:		
Lab Contact Phone/Fax:		
Lab Contact Email:		
Vet. Contact:	S. Tyler Aycock	
Vet. Phone/Fax:	901-448-7314 (ph) 901-448-8506 (fax)	
Vet Email:	saycock@uthsc.edu	
Transport Contact:	S. Tyler Aycock	
Transport Phone/Fax:	901-448-7314 (ph) 901-448-8506 (fax)	
Transport Email:	saycock@uthsc.edu	
IACUC Approval #:		

SECTION 2	Billing Information¹
<u>UTHSC Account Required</u> regardless of who pays shipping charges:	
<u>Bill Courier Charges Only</u> to one of the Following ² :	
<input type="checkbox"/> UTHSC	<input type="checkbox"/> Other Institution
<u>Billing Contact Name, Address, Phone, Fax, and Email:</u>	



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Import Request

SECTION 3	Import Animal Health, Husbandry, Quarantine and MTA Information^{3,4,5,6}
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First Strain or Line					
Species	Full Strain or Line (Describe in Detail)	Immune Status	Age or DOB	# Males	# Females

Animal Bldg./Room where Animals are currently housed:	Bldg./Room Animals are to be Housed Post Quarantine at UTHSC:

Housing Room Description	
Approx. Number of Animals in Room:	
Immune Status:	<input type="checkbox"/> Normal <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Undetermined
Breeding in Room:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Room Status:	<input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Open with Quarantine Required
Are Incoming Animals from Multiple Sources:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Health Monitoring Program			
Are Sentinels Tested?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Is Exhaust Air Dust PCR Tested?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Frequency of Monitoring:	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other:		
Have 12 Months of Health Reports for the Housing Room Been Attached? ⁷	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Most Recent Health Survey ^{7,8} :	
Are There Any Pathogens or Other Health Problems in Room?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are There Any Pathogens Present in other Rodent Rooms in the Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please indicate any agents found present within the last 12 months by testing or observation in the facility housing the animals:			
If a pathogen has been present, please describe the Corrective Action Plan on detection, and the results obtained:			

Have any animals undergone any surgical or other experimental procedures?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Describe
Have animals been exposed to any infectious agent, recombinant DNA/RNA, carcinogen, toxic chemical, and/or radionucleotide inoculation or exposure?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Describe
If biologicals such as cell lines and antibodies used in animals have they been routinely tested for rodent pathogens?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A - Describe
Describe any abnormal phenotype.	
Describe any special husbandry requirements.	
Is the Material Transfer Agreement (MTA) or other agreement in place for this transfer? ⁹	<input type="checkbox"/> No <input type="checkbox"/> Yes Document #:



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Additional Import Strain Information

SECTION 4		Second Strain or Line^{10, 11}			
Species	Full Strain or Line (Describe in Detail)	Immune Status	Age or DOB	# Males	# Females

Animal Bldg./Room where Animals are currently housed:	Bldg./Room Animals are to be Housed Post Quarantine at UTHSC:

Housing Room Description	
Approx. Number of Animals in Room:	
Immune Status:	<input type="checkbox"/> Normal <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Undetermined
Breeding in Room:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Room Status:	<input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Open with Quarantine Required
Are Incoming Animals from Multiple Sources:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Health Monitoring Program			
Are Sentinels Tested?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Is Exhaust Air Dust PCR Tested?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Frequency of Monitoring:	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other:		
Have 12 Months of Health Reports for the Housing Room Been Attached? ⁷	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Most Recent Health Survey ^{7, 8} :	
Are There Any Pathogens or Other Health Problems in Room?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are There Any Pathogens Present in other Rodent Rooms in the Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please indicate any agents found present within the last 12 months by testing or observation in the facility housing the animals:			
If a pathogen has been present, please describe the Corrective Action Plan on detection, and the results obtained:			

Have any animals undergone any surgical or other experimental procedures?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Describe
Have animals been exposed to any infectious agent, recombinant DNA/RNA, carcinogen, toxic chemical, and/or radionucleotide inoculation or exposure?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Describe
If biologicals such as cell lines and antibodies used in animals have they been routinely tested for rodent pathogens?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A - Describe
Describe any abnormal phenotype.	
Describe any special husbandry requirements.	
Is the Material Transfer Agreement (MTA) or other agreement in place for this transfer? ⁹	<input type="checkbox"/> No <input type="checkbox"/> Yes Document #:



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Export Request

SECTION 5	Export Animal Health and MTA Information¹²
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Species	Full Strain or Line (Describe in Detail)	Immune Status	Age or DOB	# Males	# Females

Animal Bldg./Room where Animals are currently housed:	Have the animals been housed in this location for the last 12 months?	If not where was the previous housing location?

Have any animals undergone any surgical or other experimental procedures?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Describe
Have animals been exposed to any infectious agent, recombinant DNA/RNA, carcinogen, toxic chemical, and/or radionucleotide inoculation or exposure?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Describe
If biologicals such as cell lines and antibodies used in animals have they been routinely tested for rodent pathogens?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A - Describe
Describe any abnormal phenotype.	
Describe any special husbandry requirements.	
Is the Material Transfer Agreement (MTA) or other agreement in place for this transfer? ⁹	<input type="checkbox"/> No <input type="checkbox"/> Yes Document #: