

REQUEST TO SHIP MICE TO ANOTHER INSTITUTION

SUNY Downstate Medical Center, Division of Comparative Medicine (DCM), 450 Clarkson Ave, Brooklyn NY 11203
Telephone (718) 270-1194

SUNY Downstate Faculty: Please complete Parts 1-4, and return by e-mail as an attached document to cora.kaiser@downstate.edu or by fax to (718) 270-4095. **Approving Veterinarian of Receiving Institution:** Please review & complete Parts 1B and 5, and return to DCM.

PART 1: CONTACT INFORMATION

A. SHIPPING:

SUNY Downstate PI: _____

IACUC Protocol #: _____

Phone: _____ Fax: _____

Email: _____

Shipping Contact: Cora Kaiser

Phone: 718-270-3306

Fax: 718-270-4095

Email: cora.kaiser@downstate.edu

B. RECEIVING:

Principal Investigator: _____

Phone: _____

Fax: _____

Email: _____

Veterinarian: _____

Phone: _____

Fax: _____

Email: _____

PART 2: BILLING INFORMATION

Research account #: _____

Courier & account #: _____

Receiving Institution PO #: _____

Shipping Contact Name: _____

Phone: _____

Fax: _____

Email: _____

PART3: ANIMAL INFORMATION

Species: Mice

Strain, Line, Genotype: _____

Quantity & Gender: _____

Weight/Age: _____ Facility & Room #: _____

Special Requirements for Shipping, Boxing, and Labeling: _____

Complete Ship-to Address:

PART 4: CONDITIONS

Inter-institutional transfers of mice to other campuses are made in accordance with the following policies:

1. Shipment of mice to another institution must be requested in writing, approved by the SUNY Downstate veterinarian, arranged and accomplished by the Division of Comparative Medicine (DCM), and approved by a veterinarian with delegated authority at the receiving institution.
2. To ensure animal health and welfare, DCM will not ship mice until written veterinarian approval is obtained from the receiving institution, and will not ship mice out any later than Wednesday.
3. We use World Courier principally, but occasionally Air Net can be used for domestic and international animal shipments.
4. Animal information and animal health information is provided for informational purposes only, to assist the receiving institution with managing the receipt, quarantine, testing, treatment, and/or use of the subject mice. No guarantee of animal health quality is implied or provided.
5. Indicate in Part 2 (above) the receiving institution's courier account number and/or PO #, and/or the research account to which shipping/box costs or any balance due will be billed.

PART 5: SIGNATURE OF VETERINARIAN APPROVING RECEIPT OF THESE ANIMALS:

The veterinarian named below has delegated authority for animal care and use at the receiving institution, has reviewed this request and the animal health information, and approves this shipment of mice.

Signature

Printed Name and Degree(s)

Position/Title

Telephone: _____ Date: _____