

## Division of Laboratory Animal Resources

## Request to Import Rodents

- To request the introduction of animals from sources other than commercial vendors approved by the Division of Laboratory Animal Resources (DLAR), please complete this form and return it to Ronda Combs, E-mail: ronda.combs@uky.edu; fax:323-6002; 204 HSRB (DLAR main office).
- A \$25.75 (domestic) or \$51.50 (international) processing fee will be charged to your account in addition to any related shipping charges i.e. technician time.
- Missing information will cause delays in processing the request.
- Shipment of animals will be arranged through the DLAR Animal Import Coordinator, Ronda Combs at 323-6018. After approval you will be notified by e-mail.

Date Submitted:						
Animals: Species:	Genotype:	Background Strain:	•			
# Males # Female	Males # Females Are these animals to be used for breeding?					
Facility: Room #:		Account Number per Diem:				
Principal Investigator:			•			
Name:		Department:	_			
E-Mail:	Phone:	Fax:				
Approved IACUC Protocol	Number:	Account Number:				
University of Kentucky Person responsible for the approval.		on: able to answer questions and will be notified of				
Name:		E-Mail:				
Phone:		Fax:	Fax:			

## **Charging Instructions:**

A \$25 (domestic) or \$50 (international) processing fee will be charged to your account in addition to any related shipping charges i.e. technician time.

Shipping charges to be paid by:	Receiving (UK) Investigator		Source Investigator
Source of Animals:			
Investigator/Vendor:		Institution:	
Address:		Proposed Arrival	Date:
Import Shipping Coordinate	or/Contact (at so	urce/sending In	estitution):
Name:	E-Mail:		Phone:
Fax:			
Health Status Report and States A health status report and a states approved vendor source animals. months), and it must include full statement of husbandry practices individually ventilated, conventions workbench), and their food/waters	ment of husbandry p The health status re erology, and parasito includes information al), as well as how th	ractices are require port must be curre plogy (endo- & ectors such as housing o	ont (within the last three or) for the past 12 months. A conditions (micro-isolator,
DLAR will obtain the Health an below in order to start proce		t. Name of Veterin	narian MUST be listed
Name of Veterinarian (Other In	nstitution):		
Phono: E	av:	E-Mail:	