University of Kentucky

Department of Laboratory Animal Resources

Rodent Import Request Form

- To request importation of animals from a Non-Approved Vendors source, please **complete** this form and return it to Ronda Combs, Email: ronda.combs@uky.edu
- Receipt of animals from non-commercial source must be approved by a DLAR Veterinarian.
- Once the shipment has been authorized, the shipment will be arranged through the DLAR Animal Shipping Coordinator, Ronda Combs. Contact information email: ronda.combs@uky.edu Tel: 323-6018.
- **A $29.83 (domestic) or $59.66 (international) processing fee** will be charged to your account in addition to any related DLAR shipping charges and technician time.
- **THE FORM CANNOT BE PROCESSED UNLESS COMPLETED**

UK Investigator Information

Name:	Department:	Protocol Number:
Telephone:	E-Mail Address:	Account Number:

UK PI Lab Contact Information

Name:	Telephone:	E-Mail Address:

Sending Institution Information

Institution or Company Name:		
Sending Investigator's Name:	Telephone#:	E-Mail Address:
Other Lab Contact:	Telephone#	E-Mail Address:
Veterinarian's Name:	Telephone#	E-Mail Address:
Shipping Coordinator:	Telephone:	E-Mail Address:

Who is responsible for the courier costs? Choose an Item

Per IACUC/OAV requirements, approval of rodent strains will be verified prior to purchasing animals or processing any internal or external transfer requests. To avoid delays, please include the strain information on the import request. If the strain is not listed on the receiving protocol, please contact the OAV office to initiate a simple protocol amendment.

Is the strain(s) listed below on your protocol? ☐ **Yes** ☐ No

If not, has an AMENDMENT been submitted? ☐ **Yes** ☐ No

Description of animals to be imported.

Species / Common Name:	Strain / genotype listed on **PROTOCOL**.
Number of animals for Import:	# of Females: # of Males:
Immune Status: Choose an Item	Special/Clinical Conditions:
UK Animal facility:	**UK Room number:**

For DLAR use only, do not write in this section.

Date DLAR form received:	**Date Cayuse form submitted:**
Date requested health reports:	**Date H/H reports received:**
Date Approved to import:	**Approved by:**
Notes:	

Courier:_____ **Account#:**_____ **Job/order# :**_____

Completed: _____