

# PROCEDURE FOR REQUESTING SHIPMENT OF ANIMALS FROM ANOTHER INSTITUTION OR NON-APPROVED VENDOR

\*\*\*Animals that are not from a Drexel approved vendor (Jackson, Charles River, Taconic, Envigo, NIH, NIA, MMRRRC, RRRC, Covance or John Meck Farm LLC) must be approved prior to shipment and housed in our quarantine area at the Drexel QUEEN LANE site\*\*\*

1. Contact attending to request an import of animals from an outside institution.
2. Dr. McFadden will need the animal health reports from the room in which said animals are housed at the outside institution. She will need 1-year worth of reports. It is usually best to have the vet directly email her at [ms3489@drexel.edu](mailto:ms3489@drexel.edu)
3. IF AND WHEN THE REPORTS ARE APPROVED: you MUST return the quarantine request form (page 3 of this document) AND the IACUC transfer form (page 2 of this document) to BOTH Luciana Villar ([lm663@drexel.edu](mailto:lm663@drexel.edu)) AND Dr. McFadden ([ms3489@drexel.edu](mailto:ms3489@drexel.edu)) for the process to move forward. Failure to do so will greatly delay the shipment coordination. Please be sure to put the direct contact info of the point person at the shipping institution on the request form. Email, phone number and name of person is sufficient.
4. Luci will then set up the shipment and coordination with the sending institution and advise you as to when your animals will arrive. We must know who is paying for shipment - you or the shipping institution. If you are paying, we need a valid cost center to charge it to.

If you have any questions about these procedures, please contact Lucina Villar at [lm663@drexel.edu](mailto:lm663@drexel.edu).

# Drexel University Institutional Animal Care and Use Committee

## ANIMAL TRANSFER FORM

### Transfer of Animals between Institutions (Sending or Receiving Animals)

Principal Investigators may request the transfer of animals to or from the University. This transfer must be approved by ULAR. Please use this form to request approval for the transfer animals.

1. Are you **TRANSFERRING** animals **TO** another institution:  YES  NO

**PLEASE NOTE:** If you plan to send animals to another institution, prior to transfer please contact Elizabeth Poppert, Ph.D. Licensing Manager, IP & Agreements at 215-895-0999 or [enp32@drexel.edu](mailto:enp32@drexel.edu), or [applied\\_innovation@drexel.edu](mailto:applied_innovation@drexel.edu)

2. Are you **RECEIVING** animals **FROM** another institution  YES  NO

3. Name of Principal Investigator at Drexel University:

4. Drexel University /DUCOM IACUC Approval #:

5. Name of Principal Investigator at the other institution:

6. Other institution's IACUC Approval #:

7. Name of the other institution:

8. Species:

9. Number of animals:

10. Animal ID number(s) if any:

11. Has this animal been used for any research purpose?  YES  NO

11a. If yes, give a brief description

To the best of my knowledge the above information is correct. I agree that the transportation of these animals to the IACUC protocol indicated will be in compliance with all federal, state and local and our university laws, regulations or policies.

Signature of Principal Investigator releasing the animals:

Print Name:

Date:

The health status of the animals needs to be known to transfer or receive animals. Please submit a health report to the attending veterinarian. If you have any questions about health information, contact the veterinarian.

### ULAR APPROVAL

ULAR signature:

Date:

Please note: ULAR signature is required prior to submitting this form to the Office of Research

Please email form to : [ULAR@Drexel.edu](mailto:ULAR@Drexel.edu)

# DREXEL UNIVERSITY QUARANTINE FORM

Please fill out all fields and answer all questions. Failure to do so will delay approval of shipment.

Please write "N/A" for fields that are not applicable. Thank you.

## CONTACT INFORMATION

1. Investigator \_\_\_\_\_ Protocol # \_\_\_\_\_
2. Facility of origin (sender) \_\_\_\_\_
3. Facility of origin *shipping coordinator name/email/phone number* \_\_\_\_\_  
\_\_\_\_\_

## ANIMAL AND HOUSING INFORMATION

1. Species/ Strain (name) \_\_\_\_\_
2. Expected population to ship (in numbers and gender) \_\_\_\_\_
3. Expected number of enclosures (cages) to be received: \_\_\_\_\_
4. Mode of ID (check one): \_\_\_\_\_ ear tag \_\_\_\_\_ ear punch \_\_\_\_\_ microchip \_\_\_\_\_ no ID
5. Approximate age (or DOB, if available) \_\_\_\_\_
6. Items/ Services requested while in quarantine (check all that apply)  
\_\_\_\_\_ barrier type housing
7. Expected / Requested animal delivery date: \_\_\_\_\_

## BILLING INFORMATION

1. Fund & cost center for services\* to be billed to for this period \_\_\_\_\_  
\*shipping cost (if applicable), per diem rate for quarantine, health testing will be billed to the cost center/fund number provided.
2. Who will be paying for the shipment of these animals to ULAR? \_\_\_\_\_  
If you, the PI, is paying for shipment, please provide the cost center to charge to: \_\_\_\_\_

## ULAR USE ONLY

1. Veterinary Director Approval \_\_\_\_\_yes \_\_\_\_\_no \* see below
2. Date of approval \_\_\_\_\_ \*if NO, list reason \_\_\_\_\_
3. Health Monitoring Method: \_\_\_\_\_ Direct Testing of Study Animals
- 4.. Shipping set up? If yes, list job # and courier \_\_\_\_\_