

University of North Texas Health Science Center

Department of Laboratory Animal Medicine

Animal Shipping Record

Please complete the 'Animal Shipping Record' below if you are importing/exporting animals to/from UNTHSC. Once the Animal Shipping Record is completed, please return it to UNTHSC's Shipping Contact, Tito Nelson (x0590).

Date:	UNTHSC Protocol Number	UNTHSC Per diem ID Number
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UNTHSC INFORMATION		OTHER INSTITUTION'S INFORMATION	
Institution:	<i>UNTHSC</i>	Institution:	
Investigator:		Investigator:	
Department:		Department:	
Laboratory Contact:		Laboratory Contact:	
Phone:		Phone:	
Fax:		Fax:	
E.mail:		E.mail:	
Veterinarian:	<i>Egeenee Daniels, D.V.M.</i>	Veterinarian:	
Phone:	<i>817.735.2015</i>	Phone:	
Fax:	<i>817.735.2406</i>	Fax:	
E.mail:	<i>Egeenee.daniels@unthsc.edu</i>	E.mail:	
Shipping Contact:	<i>Tito Nelson</i>	Shipping Contact:	
Phone:	<i>817.735.0590</i>	Phone:	
Fax:	<i>817.735.0599</i>	Fax:	
E.mail:	<i>tito.nelson@unthsc.edu</i>	E.mail:	
Exporting Animal Information		Importing Animal Information	
Species:		Species:	
Number Shipping:		Number Shipping:	
#M / #F:		#M / #F:	
Background Strain:		Background Strain:	
Age/DOB:		Age/DOB:	
Facility:		Facility³:	
Room Number(s)¹		Room Number³	
Immune status of the animals (select only one): <input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input type="checkbox"/> Undetermined			
Have the animals been inoculated and/or exposed to infectious agents, recombinant DNA, carcinogens, toxic chemicals, and/or radionucleotides? <input type="checkbox"/> Yes <input type="checkbox"/> No			
➤ If 'Yes' please identify:			
Have the animals had surgery or other experimental procedures performed on them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
➤ If 'Yes,' please describe:			
Type of genetic modification: <input type="checkbox"/> Tg <input type="checkbox"/> KO <input type="checkbox"/> KI <input type="checkbox"/> N/A <input type="checkbox"/> Other:			
Source/Destination: <input type="checkbox"/> Domestic <input type="checkbox"/> International			
The animals will be: <input type="checkbox"/> Imported to UNTHSC ** <input type="checkbox"/> Exported from UNTHSC			
**Complete the questions below only if you are importing animals to UNTHSC			
Final UNTHSC Destination²:	Facility	Room Number	
Do the animals have any special housing or husbandry needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
➤ If 'YES' please explain on a separate sheet of paper			
Will you euthanize ALL animals within 12 hours of arrival? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If space were available, would you like to breed the animals during quarantined? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will ALL of the animals be used by Monday 8 AM following their arrival at UNTHSC? <input type="checkbox"/> Yes <input type="checkbox"/> No			

¹ If the animals are in more than one room, then provide ALL room numbers.

² Room number and facility

³ If known

Please provide the completed 'Animal Shipping Record' three (3) weeks prior to the shipping date