

Request to Ship Animals To and From UCSF And Obtain Health Reports

To facilitate requests for health reports & the shipment of research animals between UCSF & non-UCSF facilities, LARC requests the following information. Please complete this form & return it to the LARC office via email to: rodentship@larc.ucsf.edu

Normal processing time is 5 working days for serology only. If additional tests are required, please allow 10 – 14 working days.

Date: _____ Shipping Date: _____ Courier: _____

1. USCF INVESTIGATOR INFORMATION															
Principal Investigator Name: _____						Email: _____									
Phone #: _____						Fax #: _____									
Department: _____						Investigator Code: _____									
Lab Contact: _____						Email: _____									
Phone #: _____						Fax #: _____									
IACUC Protocol #: _____						USDA Category: _____									
2. INSTITUTION NAME OR COLLABORATING FACILITY <i>Fax Health Report to:</i>															
Principal Investigator Name: _____						Email: _____									
Phone #: _____						Fax #: _____									
Institution: _____						Department: _____									
Lab. Contact: _____						Email: _____									
Phone #: _____						Fax #: _____									
Facility Veterinarian: _____						Email: _____									
Phone #: _____						Fax #: _____									
Vivarium Contact: _____						Email: _____									
Phone #: _____						Fax #: _____									
3. ANIMAL INFORMATION															
Species: _____				Strain: _____				Cage ID #: _____							
# of Animals:		# of cages:		# of Males:		Age or Weight:		# of Females:		Age or Weight:					
UCSF Housing Location: Building: _____ Room: _____ Rack #: _____															
Immune Status (<i>Choose one only</i>): <input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input type="checkbox"/> Undetermined															
Genetic Modification (<i>Choose one only</i>): <input type="checkbox"/> N/A <input type="checkbox"/> Tg <input type="checkbox"/> KO <input type="checkbox"/> If other, please specify: _____															
Experimental Procedures (<i>Choose one only</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____															
4. HEALTH INFORMATION REQUESTED <i>Choose as many as apply:</i>															
<input type="checkbox"/> UCSF Standard Panel Only				<input type="checkbox"/> Additional Serology Tests (Includes standard panel)				<input type="checkbox"/> Ectoparasitology							
<input type="checkbox"/> Endoparasitology				<input type="checkbox"/> Other: _____											
Special Instructions: _____															
LARC USE ONLY															
<input type="checkbox"/> Send Health Information				<input type="checkbox"/> Inspect Animals				Shipping Date: _____				Courier / Tracking #: _____			