

Rodent Import Request Form

Completed forms should be emailed to LAFimport-export@buffalo.edu. Questions on the import process or requests for cost estimates can also be directed to this email address.

Import Process:

Rodents imported into UB's LAF from a location other than a standard, approved vendor will be required to undergo a quarantine period and health monitoring to ensure that no excluded pathogens are introduced into the LAF facilities. Rodents undergoing quarantine will be held in the quarantine facility in the Biomedical Education Building (BEB) on South Campus.

Standard Quarantine: Animals are housed in quarantine for 8 weeks. **Cost:** Import fee + sampling fee per 100 cages + cost of IDEXX testing per 100 cages.

Expedited Quarantine: Animals are housed in quarantine for 2-3 weeks. **Cost:** Import fee + sampling fee per 10 animals + cost of IDEXX testing per 10 animals.

Bypass Quarantine: In select situations, such as rodents being received from previously approved high health status institutions or the animals will be taken to the lab and used immediately upon arrival for a terminal procedure, rodents from non-approved vendors may be allowed to bypass quarantine at the discretion of an LAF veterinarian. The import request form must still be submitted for review. See SOP 1.A.9 for more information.

Current import fees and testing costs can be found on the LAF website at <https://www.buffalo.edu/research/research-services/animal-research/cm-laf/animal-care/transfer-animals.html>.

Select Type of Quarantine: ☐ Standard ☐ Expedited ☐ Bypass Quarantine

Date of Request: _____ Signature of Principle Investigator: _____

Section 1: UB PI Information

PI Name:	IACUC Protocol #:	Account #:
Department:	Phone:	Email:
Lab Contact Name:	Lab Contact Phone:	Lab Contact Email:

Section 2: Shipping Facility Information (facility where animals are coming from)

Facility Name:	Name of PI Supplying Animals:
Address:	

Facility Veterinarian:	Veterinarian Email:	Veterinarian Phone:
Shipping Contact:	Shipping Contact Email:	Shipping Contact Phone:

Section 3: Animal and Shipping Costs

Will there be any cost for the animals? If yes, a ShopBlue requisition must be submitted prior to import approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any charges billed to UB other than shipping (e.g., container fees, labor fees)? If yes, a ShopBlue requisition must be submitted prior to import approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will be paying shipping fees?	

Section 4: Animal Information

Species:		Strain:	
# of Females	Date of Birth	# of Males	Date of Birth
Immune Status of Animals: <input type="checkbox"/> Immunocompetent <input type="checkbox"/> Immunocompromised			
Have the animals been inoculated and/or exposed to infectious agents, recombinant DNA, human cells/tissues, carcinogens, toxic chemicals, and/or radionucleotides? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please describe:			
Have the animals undergone surgery or had any experimental procedures performed on them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please describe:			
What type of housing are the animals currently in? <input type="checkbox"/> Barrier <input type="checkbox"/> Non-barrier <input type="checkbox"/> Other			
If Other, please describe:			
Current caging/housing system: <input type="checkbox"/> Static, filter-top cages <input type="checkbox"/> Ventilated racks <input type="checkbox"/> Open-top cages <input type="checkbox"/> Other			
If Other, please describe:			
Does cage changing at the current institution occur in a changing hood: <input type="checkbox"/> Yes <input type="checkbox"/> No			

IMPORT #

Are the cages at the current location autoclaved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the bedding at the current location autoclaved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Indicate the type of water animals are on at the current location:	<input type="checkbox"/> Tap Water	<input type="checkbox"/> Autoclaved	<input type="checkbox"/> Acidified		
	<input type="checkbox"/> Chlorinated	<input type="checkbox"/> RO	<input type="checkbox"/> UV		
Indicate any treatment of food provided to animals at the current location:	<input type="checkbox"/> Untreated	<input type="checkbox"/> Autoclaved	<input type="checkbox"/> Irradiated		
Indicate PPE used when handling animals at the current location:	<input type="checkbox"/> Gloves	<input type="checkbox"/> Isolation Gown	<input type="checkbox"/> Tyvek Suit		
	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Dedicated Scrubs	<input type="checkbox"/> Hair Cover	<input type="checkbox"/> Mask	<input type="checkbox"/> Shoe Covers
Building name and room number at the current location:					

Section 5: UB Housing and Husbandry Requests

Will the animals need any special husbandry or caging while in quarantine? Include water treatment requests, special diets, reverse light cycle, enrichment, etc.																
Does any work need to be conducted while the animals are in quarantine? Include breeding, euthanasia, etc. Animals are required to have a 5-7 day acclimation period before any experimental work is conducted.																
Select the facility where animals will be housed following release from quarantine: <table border="0"><tr><td><input type="checkbox"/> BEB High Level Barrier</td><td><input type="checkbox"/> BEB Barrier</td><td><input type="checkbox"/> BEB Conventional</td><td><input type="checkbox"/> BEB ABSL-2</td></tr><tr><td><input type="checkbox"/> JSMBS High Level Barrier</td><td><input type="checkbox"/> JSMBS Barrier</td><td><input type="checkbox"/> JSMBS Conventional</td><td><input type="checkbox"/> JSMBS ABSL-2</td></tr><tr><td><input type="checkbox"/> CTRC Mixed Level Barrier</td><td><input type="checkbox"/> CTRC Conventional</td><td><input type="checkbox"/> Pharmacy Barrier</td><td><input type="checkbox"/> Pharmacy Conventional</td></tr><tr><td><input type="checkbox"/> Hochstetter Barrier</td><td><input type="checkbox"/> Hochstetter Conventional</td><td><input type="checkbox"/> Park</td><td><input type="checkbox"/> RIA</td></tr></table> Indicate Room #: _____	<input type="checkbox"/> BEB High Level Barrier	<input type="checkbox"/> BEB Barrier	<input type="checkbox"/> BEB Conventional	<input type="checkbox"/> BEB ABSL-2	<input type="checkbox"/> JSMBS High Level Barrier	<input type="checkbox"/> JSMBS Barrier	<input type="checkbox"/> JSMBS Conventional	<input type="checkbox"/> JSMBS ABSL-2	<input type="checkbox"/> CTRC Mixed Level Barrier	<input type="checkbox"/> CTRC Conventional	<input type="checkbox"/> Pharmacy Barrier	<input type="checkbox"/> Pharmacy Conventional	<input type="checkbox"/> Hochstetter Barrier	<input type="checkbox"/> Hochstetter Conventional	<input type="checkbox"/> Park	<input type="checkbox"/> RIA
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The PI will be notified of approval to import the requested animals. Import approval is valid for 30 days. If shipping of the requested animals is delayed beyond 60 days, re-verification of the current health status of the animals will be required.