

**QUESTIONS FOR THE IMPORTATION OF ANIMALS
INTO NCI-FREDERICK RECEIVING AND QUARANTINE FACILITY**

(Please TYPE information in every blank. Use "NA" if not applicable. INCOMPLETE FORM MAY DELAY YOUR REQUEST.)

1. Animal Study Proposal Number:	Cost Center Number:
2. Investigator:	Lab contact:
Investigator Phone #:	Contact Phone #:
Investigator E-mail:	Contact E-mail:
3. NCI-Frederick facility in which animals will be ultimately housed:	or cryopreservation <input type="checkbox"/>
Bethesda facility in which animals will be housed. 1 st choice	2 nd choice (if applicable)
4. Investigator providing animals:	e-mail address:
5. Sending Institution:	
Address:	
Building in which animals are currently housed:	, room #:
6. Contact for health status report:	
Name:	E-mail Address:
Phone #:	Fax #:
Report received:	Health report adequate: Y <input type="checkbox"/> N <input type="checkbox"/> -request added Info.
7. Contact for shipment (contact at sending Institution):	
Name:	E-mail Address:
Phone #:	Fax #:
8. Information on animals:	
Genotype of mice being sent:	
Strain:	
Number: Males Age(s):	Females Age(s):
Animals in mating pairs: Y <input type="checkbox"/> N <input type="checkbox"/>	Animals pregnant or with litters: Y <input type="checkbox"/> N <input type="checkbox"/>
Immuno-competent : Y <input type="checkbox"/> N <input type="checkbox"/> unknown <input type="checkbox"/> if unknown explain:	
Unusual characteristics of strain(s):	
Receiving animal facility approval:	
Facility Manager:	Date:
Special health status required: Hb free Y N Parvo free Y N Other (specify) _____	
R&Q # assigned:	R&Q housing area
A percentage of the animals will be sampled upon arrival in an effort to detect infectious pathogens if present	
Additional sampling required: Y <input type="checkbox"/> N <input type="checkbox"/> .	Faxed:

For Question regarding RECEIVING AND QUARANTINE (BLDG 429) CONTACT:
Mrs. Sandra Warfield at r_and_q@mail.ncifcrf.gov or Troy Cregger at tcregger@mail.ncifcrf.gov
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