

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 Katey.mask@unthsc.edu

Date Received		UNTHSC Protocol Number		UNTHSC Per diem ID Number	
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UNTHSC INFORMATION		OTHER INSTITUTION'S INFORMATION	
Institution:	<i>UNTHSC</i>		
Address:	1050 Clifton Fort Worth		
State , Zip	Texas 76107		
Investigator:			
Department:			
Laboratory Contact:			
Phone:			
Email:		Email:	
Veterinarian:	<i>Egeenee Daniels, D.V.M.</i>	Veterinarian:	
Phone:	<i>817.735.2015</i>	Phone:	
Fax:	<i>817.735.2406</i>	Fax:	
Email:	<i>Egeenee.Daniels@unthsc.edu</i>	Email:	
Shipping Contact:	<i>Katey Mask</i>	Shipping Contact:	
Phone:	<i>817.735.2010</i>	Phone:	
Email:	<i>Katey.mask@unthsc.edu</i>	Email:	
Exporting Animal Information			
Species:		Species: ie Mouse, Rat etc :	
Number Shipping:		Number Shipping:	
#M / #F:		#M / #F:	
Background Strain:		Background Strain:	
Age/DOB:		Age/DOB:	
Facility:		Facility:	
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			
Do the animals have any special housing or husbandry needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If 'YES' please explain on a separate sheet of paper **</i>			
*** UNTHSC USE ONLY***			
Quarantine/ Isolation	Facility	Room Number	
Testing :			
Quarantine Released Date:			
COURIER INFORMATION: JOB#		Waybill#	
Notes:			

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