

Fax form to: Dr. Rick Huneke- 215-762-7449

Quarantine Request Form

1: Study information

Investigator _____ **Phone** _____
Protocol # _____ **Emergency contact** _____
Species _____ **Email** _____
Strain(s) _____ **Fax** _____

Expected population # females _____
males _____
Age/birthdate if known _____
Mode of i.d. ___ eartag ___ hole punch

Possible/known strain effects (ie delicate, fractious) _____

2: Items/Services requested

___ **Bio hood required (specify type)** _____
___ **Autoclaved caging (for barrier housing)**
___ **Test foods/liquids to be given by ULAR staff** (attach memo with details)
___ **CO2 euthanasia tank/chamber**

___ **Breeding service** ___ **mating pairs** _____
(specify if > 1 strain) ___ **mating triads** _____
___ **breeder chow preferred** (pending negative
result for parasitology following 3 weeks
of Fenbendazole rodent chow.)

3: Veterinary Director Approval (*pending acceptable origin health report*)

Signature _____ **Date** _____

Health detail/precaution alert if applicable _____

Expected/ Scheduled animal delivery date _____
Facility of origin (sender) _____

Sender's contact name/phone and/or email _____
Shipping transporter _____
Contact # _____