



Longwood Small Animal Imaging Facility

Request to Import Animals

Welcome to the Longwood Small Animal Imaging Facility (Longwood SAIF) at Beth Israel Deaconess Medical Center (BIDMC). To ensure the safety of all our customers and to comply with institutional and governmental regulations, please review and complete the following steps prior to scheduling an imaging appointment.

Procedures for Investigators to Follow:

1. All animals being imported from another institution must be approved by the BIDMC Animal Research Facility (ARF) prior to transport. Investigators must complete the Import Request Form, fill out a health report on the animals, then submit both forms to:

Eugenia Trabucchi, Phone: 617-667-6023 Fax: 617-975-5016 Email: etrabucc@bidmc.harvard.edu

2. The health report must include the following tests:

Virus tests within the last three months:	Virus tests within the last 6-12 months:	Parasites (within the last three months)
EDIM (Epizootic diarrhea of infant mice)	GD VII (Theilers)	Fur mites (via fur pluck)
SEN (Sendai)	LCMV (Lymphocytic choriomeningitis virus)	Pinworms (via fecal float and cellophane tape test)
MHV (Mouse hepatitis virus)	MAD (Mouse adenovirus)	
MPV (Mouse parvo virus)	ECTRO (Ectromelia)	
MVM (Minute virus of mice)	K (K-virus)	
REO (Reovirus)	Polyoma	
MPUL (Mycoplasma pulmonis)		
PVM (Pneumonia virus of mice)		

3. After review of the Import Request Form and health report by our veterinarian, we will contact you with the results.

4. After formal approval animals can be transported to the Longwood SAIF under the following conditions:

- a) Animals must be moved to and from the facility in covered transport containers (**no cages**).
- b) Animals can only enter the BIDMC from the loading dock area, located at the rear of the East Campus (330 Brookline Ave.).
- c) Animals will be euthanized after imaging (see website for details).

LONGWOOD SAIF IMPORT REQUEST FORM

Transferring Facility:

Name of Institution and Facility: _____ PI sending animals: _____

Originating Room: _____

Destination Room: Dana 707A

Contact Person: _____ Tel. No. _____ Fax No. _____

Email _____

Veterinarian: _____ Tel. No. _____ Fax No. _____

Email _____

Animal species/strain: _____ Number/Sex: _____

Transgenic? ___ Autoclave? ___ Additional comments _____

BIDMC ARF Use ONLY

BIDMC Information:

Principal Investigator: John V. Frangioni, MD, PhD

Date: _____ Protocol No. 030-2007

Contact Person: Eugenia Trabucchi Tel. No.: (617) 667-6034

Date Health Report received: _____ Approval (Yes/No): _____ (Signature): _____

If no, explain: _____

Follow-up information: _____
