**Information Request Form** (Import of animals from non-proven vendors)

To Be Completed by Exporting Intitution’s Veterinarian

**Name of Shipping Institution**:

**Complete Contact Data of Exporting Facility:**

**Shipping Institution, Name of PI**:

**Room(s) where animals are housed:**

**Animal Information (attach extra sheets if necessary):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species: | | Official Strain Name: | | Background: |
| # of Males | Age/DOB | # of Females | Age/DOB | Comments: |
|  |  |  |  |
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| --- |
| Immune status of animals:  Immunocompetent  Immunodeficient  Unknown/Undetermined  If ‘deficient’, please specify husbandry needs: |
| Type of genetic modification:  Tg  KO  KI  N/A Other (specify): |
| Have the animals been inoculated and/or exposed to infectious agents, recombinant DNA, carcinogens, toxic chemicals, and/or radionucleotides?  Yes  No  If ‘yes’, please identify: |
| If animals were inoculated with cell lines or tumors (Rodent or Human): Has Impact on rodents or any testing been conducted?  Yes  No. If yes, please include results: |
| Were any surgery or experimental procedures performed on the animals?  Yes  No  If ‘yes’, please describe: |
| Do these animals have any special husbandry needs (special diet, medicated water, etc?)  Yes  No If ‘yes’, please explain: |

**Information about the facility/barrier:**

|  |
| --- |
| What type of facility are the animals coming from?  Barrier  Non-barrier  (specify): |
| What is the current caging system for the rodents?  ventilated cages  Static Filter-top cages ⁭Other (specify): |
| Are cages and bedding autoclaved?  Yes  No |
| Please indicate food treatment if any:  untreated  autoclaved  Irradiated |
| Please indicate water treatment if any:  tap water  autoclaved  RO UV  acidified  hyperchlorinated |
| Please indicate PPE used if any:  gloves  dedicated clothing  head cover  shoe cover  Other – explain |
| Are the cages changed under a cage changing station?  Yes  No |

**Health Monitoring Programme at Shipping Institution:**

|  |
| --- |
| Health status determined by:  Sentinel rodents housed on dirty bedding from other animals in the room  Colony animals  Investigators provide animals to be sampled  No sentinel program  Other, please specify: |
| Frequency of monitoring:  Monthly  Quarterly  Semiannually  Annually |
| Please indicate which of the following types of tests are conducted:  Serology  Microbiology  Parasitology (  Ecto  Endo ) |
| Who or which company performs the institution’s health monitoring programme?: |
| Are there any known pathogens or health problems in the **room** during last 18 months?  Yes No  If ‘yes’, please identify the pathogen found, date of detection, treatment, and current status of room: |
| Are there any known pathogens or health problems **in the facility** during last 18 months?  Yes  No  If ‘yes’, please identify the pathogen found, date of detection, treatment, current status in the room, and proximity of the positive room(s) to the room where export animals are housed: |

**Please provide health reports showing history from last 18 months for the barrier where animals are currently housed (report not older than 3 months please).**

**Health reports must include results for following agents:**

|  |  |  |
| --- | --- | --- |
| **Viruses** | **Bacteria, Mycoplasma, Fungi** | **Parasites** |
| Mouse hepatitis virus (MHV)  Mouse rotavirus (EDIM)  Murine Norovirus (MNV)  Minute virus of mice (MVM)  Mouse parvovirus (MPV 1+2, VP2)  Theiler`s murine encephalomyelitis virus (TMEV)  Lymphocytic choriomeningitis virus (LCMV)  Mouse adenovirus type 1+2 (MAD FL+K87)  Ectromelia virus  Pneumonia virus of mice (PVM)  Reovirus type 3 (Reo3)  Sendai virus | Bordetella bronchiseptica  Citrobacter rodentium  Clostridium piliforme  Corynebacterium kutscheri  Corynebacterium ssp. (other than C. kutscheri)  Escherichia coli (haemolytic)  Helicobacter ssp.  Klebsiella spp.  Mycoplasma pulmonis  Pasteurella ssp.  Pneumocystis carinii  Proteus ssp.  Pseudomonas aeruginosa  Rodentibacter pneumotropica  Salmonella ssp.  Staphylococcus aureus  Strepococci ß-haemolytic  Streptobacillus moniliformis  Streptococcus pneumoniae | **Ectoparasites:**  Fleas  Lice  Mites  **Endoparasites:**  Giardia ssp.  Spironucleus ssp.  Entamoeba muris  Chilomastix bettencourti  Trichomonas ssp.  Other flagellates  Aspiculuris tetraptera  Syphacia ssp.  Other nematodes |

**Along with the health reports, please include a statement signed by the Attending Veterinarian describing the rodent health monitoring program, rodent housing, husbandry procedures, and any current or past disease outbreaks within the facility during the last 18 months.**

**Name of Veterinarian:**

**Phone:**        **email:**