**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:       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| 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 [ ]  NoIf ‘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 virusPneumonia virus of mice (PVM)Reovirus type 3 (Reo3)Sendai virus | Bordetella bronchisepticaCitrobacter rodentiumClostridium piliformeCorynebacterium kutscheriCorynebacterium ssp. (other than C. kutscheri)Escherichia coli (haemolytic)Helicobacter ssp.Klebsiella spp.Mycoplasma pulmonisPasteurella ssp.Pneumocystis cariniiProteus ssp.Pseudomonas aeruginosaRodentibacter pneumotropicaSalmonella ssp.Staphylococcus aureusStrepococci ß-haemolyticStreptobacillus moniliformisStreptococcus pneumoniae | **Ectoparasites:**FleasLiceMites**Endoparasites:**Giardia ssp.Spironucleus ssp.Entamoeba murisChilomastix bettencourtiTrichomonas ssp.Other flagellatesAspiculuris tetrapteraSyphacia 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:**