ANIMAL IMPORT SUPPLEMENTAL FORM

**VA NORTHEAST OHIO HEALTHCARE SYSTEM**

**INSTRUCTIONS: Please send the most recent serology/parasitology results for the room and/or colony from which the rodents will be exported**. **Results must be within 90 days prior to shipment.** **Please complete ALL sections below and return by mail or fax to:**

|  |  |
| --- | --- |
|  | **E-mail:** [**karen.day2@va.gov**](mailto:karen.day2@va.gov)**; FAX :**  Please call 216-791-3800 #6109 if you have questions.  Incomplete forms will be returned to preparer. |

**Section 1: REQUESTER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| PI Name: | | Phone #: | |
| Department: | | Fax #: | |
| Lab Contact: | Phone #: | | E-mail: |

**Section 2: EXPORTER INFORMATION**

|  |  |
| --- | --- |
| **Institution Name:** | **Animal Facility Information** |
| PI Name: | Facility Veterinarian: |
| Shipping Contact: | Contact at Animal Facility: |
| Address: | Address: |
| Phone #: | Phone #: |
| Fax#: | Fax#: |
| E-mail: | E-mail: |

**Section 3: ANIMAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Species**: | **Strain**: | **Substrain**: |
| **# Males/#Females**: | **Age/DOB**: |  |
| **Immune status** of the animals:  Competent  Deficient Unknown/Undetermined  If ‘deficient’, please specify: | | |
| **Hazard status:** 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: | | |
| **Experiment**: Have the animals had surgery or any experimental procedures?  Yes  No  If ‘yes’, please describe: | | |
| **Type of genetic modification:**  Tg,  KO,  KI,  N/A,  Other (specify): | | |
| **Special husbandry needs** (special diet, medicated water, autoclaved cages, etc)  Yes  No  If ‘yes’, please explain: | | |
| **Drug sensitivity**: Are these mice known to be sensitive to:  ivermectin  fenbendazole  dichorvos  selemectin  moxidectin  Other (specify): | | |

**Section 4: HUSBANDRY INFORMATION**

|  |
| --- |
| What type of **facility** are the animals coming from?  Barrier,  Non-barrier  Other (specify): |
| **Room** status:  closed  open   open with quarantine  open with rederivation  Other (specify): |
| **Caging system:**  Ventilated microisolators  Filter-top cages  Open-top cages  Ventilated rack,  Other (specify): |
| **Entry requirements**:  water shower  air shower  disposable/single use lab coat  disposable jumpsuit   cap   mask  gloves   shoe covers  other (specify): |
| **Animal handling requirements**:  disposable lab coat   disposable jumpsuit  gown  cap  mask   gloves   shoe covers  laminar flow hood  liquid sterilent  other (specify): |
| **Feed**:  irradiated  autoclaved  other (specify):  **Water**:  acidified  chlorinated  automatic watering  autoclaved  other (specify):  **Caging**:  autoclaved,   disposable,   other (specify):  **Bedding**:  autoclaved  irradiated  other (specify): |

**Section 5: SENDING INSTITUTION HEALTH STATUS INFORMATION**

|  |
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| **Health status** determined by:  Sentinel rodents housed on dirty bedding from other animals in the room  Animals samples directly  Investigators provide animals to be sampled  No sentinel program |
| **Testing Frequency**:  Monthly  Quarterly  Semiannually  Annually  Other, specify: |

Please indicate which of the following agents listed below are **NOT on your sentinel test list**:

**SEROLOGY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MHV | ] MNV | Sendai | ]TMEV/RTV | ] RMV | MPV |
| Rotavirus | SDA/RCV | KRV | H1 | MAD | RPV |
| PVM | REO-3 | LCM | ECTRO | ECUN |  |
| Tyzzers | ] MCMV | Hantavirus | CARB | M pulmonis, | |

**,BACTERIOLOGY**:

|  |  |  |
| --- | --- | --- |
| Salmonella | Pasteurella pneumotropica | Pasteurella multicida |
| Staph aureus | Strep.pneumonia | Citrobacter rodentium |
| Bordatella bronchiseptica | Corynebacterium kutcherii | Pseudomonas aeruginosa |
| Proteus spp. | Helicobacter | Corynebacterium bovis |
| Pneumocystis |  |  |

**PARASITOLOGY:**

|  |  |  |
| --- | --- | --- |
| fur mites | pinworms | protozoa |
| Who or what company performs your institution’s serology: | | | |
| Are there any known pathogens or health problems **in this room** during the past 1 year?  Yes  No If ‘yes’, please specify: | | | |
| Are there any known pathogens or health problems **in this facility** during the past 1 year?  Yes  No If ‘yes’, please specify: | | | |

# Section 6: TESTING BIOLOGICALS

|  |
| --- |
| Are **biological materials** for use in animals routinely tested for rodent adventitious agents?  Yes  No If ‘yes’, please specify method of testing: |

**Authorization to import animals is valid for 30 days after date of approval. If transfers are delayed longer than 30 days, re-verification of health status and housing availability is mandatory. New arrivals will be quarantined and tested for adventitious disease at the investigator’s expense.**

**Signature of Exporting Institution Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

7/25/12 sisma-arc