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****; 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/UndeterminedIf ‘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 [ ]  NoIf ‘yes’, please identify:       |
| **Experiment**: Have the animals had surgery or any experimental procedures? [ ]  Yes [ ]  NoIf ‘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 [ ]  NoIf ‘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

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| 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