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| Leave blank |  |
| Import number | Import date |

NON - STANDARD SUPPLIER ANIMAL IMPORT

Section for Sender

To Be Completed by Shipping Institute Attending Veterinarian

Shipping Institute Name: Click here to enter text.

Shipping Institute Pl Name: Click here to enter text.

Room (s) where animals housed: Click here to enter text.

Animal Information (attach extra sheets if necessary)

|  |  |
| --- | --- |
| Species: Click here to enter text**.** | Strain: Click here to enter text. |
| Animal IDAmount of animals[ ] Animal without ID | Cage ID | Sex | Age/DOB | Identification[ ]  ear tag[ ]  ear punch[ ]  toe clipping[ ]  tatoo[ ]  other | Comments |
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|  |  |  |  |  |  |  |
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\* to add a line, press “Tab” in the table in the last cell

\* If animals are identificated, attach to this form a schema of identification

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| Immune status of the animals: [ ]  Immunocompetent [ ]  Immunodeficient [ ]  Unknown/UnderterminedIf ‘DEFICIENT’, please specify husbandry need: Click here to enter text. |
| Type of genetic modification: [ ]  TG [ ]  KO [ ]  KI [ ]  N/A Other If ‘OTHER’, please specify: Click here to enter text. |
| Have the animals been inoculated and/or exposed to infectious agents, recombinant DNA, carcinogens, toxic chemicals, and/or radionucleotides? [ ]  Yes [ ]  NoIf ‘YES’, please identify: Click here to enter text. |
| If animals inoculated with cell lines or tumors (Rodent or Human)? Has Impact (rodent) or Mycoplasma (human) testing been conducted? [ ]  Yes [ ]  NoIf ‘YES’, please include results: Click here to enter text. |
| Have the animals had surgery or any experimental procedures performed on them? [ ]  Yes [ ]  NoIf ‘YES’, please explain: Click here to enter text. |
| Do these animals have any special husbandry needs (special diet, medicated water, etc?) [ ]  Yes [ ]  NoIf ‘YES’, please explain: Click here to enter text. |

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| What type of facility are the animals coming from? [ ]  Barrier [ ]  Non-barrier(specify): Click here to enter text. |
| What is the current caging system for the rodents?[ ]  Individually Ventilated Cages (IVCs) [ ]  Static Filter-top cages [ ]  Other (specify): Click here to enter text.  |
| 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: Click here to enter text. |
| Are the cages changed under a cage changing hood? [ ]  Yes [ ]  No |

Health Status at Shipping Institution

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| Health status determined by: [ ]  Sentinel rodents housed on dirty bedding from other animals in the room [ ]  Animals sampled directly [ ]  Investigators provide animals to be sampled [ ]  No sentinel program |
| 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 what company performs the institution’s serology: Click here to enter text. |
| Are there any known pathogens or health problems in the room during the past year? [ ]  Yes [ ]  NoIf ‘YES’ please identify the pathogen found, date of detection, treatment, and current status of room:Click here to enter text. |
| Are there any known pathogens or health problems in the facility during the past year? [ ]  Yes [ ]  NoIf ‘YES’, please identify the pathogen found, date of detection, treatment, current status of room, and proximity of the positive room(s) to the room where export animals are housed: Click here to enter text. |

Please provide us with most recent health reports (no more than 90 days old) for the room where the animals are currently being housed. The health reports must include historical results at least from last 18 months.

MOUSE health reports must include results for the following agents:

|  |  |  |
| --- | --- | --- |
| Viruses | Bacteria, mycoplasma, fungi | Parasites\* |
| Mouse hepatitis virus (MHV) Mouse rotavirus (EDIM)Murine norovirus (MNV)Minute virus of mice (MVM) Mouse parvo virus (MPV 1+2)Theiler's murine encephalomyelitis virus (GDVII)Lymphocytic choriomeningitis virus (LCMV)Mouse adenovirus (MAD 1+2) Mousepox (ectromelia) virus Pneumonia virus of mice (PVM) Respiratory enteric virus III (Reo3)Sendai virus | Helicobacter spp.Helicobacter hepaticusHelicobacter bilisHelicobacter typhloniusPasteurella pneumotropicaStreptococci β-haemolytic (Group A, B, C, G)Streptococcus pneumoniaeCitrobacter rodentiumClostridium piliformeCorynebacterium kutscheriMycoplasma pulmonis Salmonella spp.Streptobacillus moniliformis | Ectoparasites Adult HelmintsOvaProtozoa\* all parasites reported to the genus level |

RAT health reports must include results for the following agents:

|  |  |  |
| --- | --- | --- |
| Viruses | Bacteria, mycoplasma, fungi | Parasites\* |
| Kilham rat virus (KRV)Rat minute virus (RMV/RPV2)Rat parvovirus (RMV)Toolan’s H-1 virusPneumonia virus of mice (PVM)Rat coronavirus/Sialodacryoadenitis virus (SDAV/RCV)Rat theilovirus (RTV)HantavirusesMouse adenovirus type 1 (FL)Mouse adenovirus type 2 (K87)Reovirus type 3Sendai virus | Clostridium piliformeHelicobacter spp.Helicobacter bilisMycoplasma pulmonisPasteurella pneumotropicaStreptococci β-haemolytic (Group A, B, C, G)Streptococcus pneumoniaeCilia-associated respiratory bacillusPneumocystis spp.Salmonella spp.Streptobacillus moniliformis | Ectoparasites Adult HelmintsOvaProtozoa\* all parasites reported to the genus level |

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 past year.

Name of Veterinarian completing form: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Section for consignee

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| Why do you import these animals? |
| [ ]  Short Experiment in QuarantineIf animals have identification, do you need to track this? [ ]  Yes [ ]  NoIf animals don’t have ear identification, do you need to mark them? [ ]  Yes [ ]  NoIf ‘YES’, please specify:  [ ]  Ear tag [ ]  Ear punchProject licence number:Click here to enter text.**Estimated end of experiment** (maximum duration 3 months):Click here to enter text. | [ ]  Rederivation into SPF breeding facilityIf animals have identification, do you need to track this? [ ]  Yes [ ]  NoIf animals don’t have ear identification, do you need to mark them? [ ]  Yes [ ]  NoIf ‘YES’, please specify:  [ ]  Ear tag [ ]  Ear punch |
| Information about strain:Short name in PyRat: Click here to enter text.Official name: Click here to enter text.Species: Click here to enter text.Description: Click here to enter text.Genetic background: Click here to enter text. |