|  |  |
| --- | --- |
|  |  |
| 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 ID  Amount of animals    Animal without ID | | Cage ID | Sex | Age/DOB | Identification  ear tag  ear punch  toe clipping  tatoo  other | Comments |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\* 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

|  |
| --- |
| Immune status of the animals:  Immunocompetent  Immunodeficient  Unknown/Undertermined  If ‘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  No  If ‘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  No  If ‘YES’, please include results: Click here to enter text. |
| Have the animals had surgery or any experimental procedures performed on them?  Yes  No  If ‘YES’, please explain: Click here to enter text. |
| Do these animals have any special husbandry needs (special diet, medicated water, etc?)  Yes  No  If ‘YES’, please explain: Click here to enter text. |

|  |
| --- |
| 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

|  |
| --- |
| 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  No  If ‘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  No  If ‘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 hepaticus  Helicobacter bilis  Helicobacter typhlonius  Pasteurella pneumotropica  Streptococci β-haemolytic (Group A, B, C, G)  Streptococcus pneumoniae  Citrobacter rodentium  Clostridium piliforme  Corynebacterium kutscheri  Mycoplasma pulmonis  Salmonella spp.  Streptobacillus moniliformis | Ectoparasites  Adult Helmints  Ova  Protozoa  \* 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 virus  Pneumonia virus of mice (PVM)  Rat coronavirus/Sialodacryoadenitis virus (SDAV/RCV)  Rat theilovirus (RTV)  Hantaviruses  Mouse adenovirus type 1 (FL)  Mouse adenovirus type 2 (K87)  Reovirus type 3  Sendai virus | Clostridium piliforme  Helicobacter spp.  Helicobacter bilis  Mycoplasma pulmonis  Pasteurella pneumotropica  Streptococci β-haemolytic (Group A, B, C, G)  Streptococcus pneumoniae  Cilia-associated respiratory bacillus  Pneumocystis spp.  Salmonella spp.  Streptobacillus moniliformis | Ectoparasites  Adult Helmints  Ova  Protozoa  \* 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

|  |  |
| --- | --- |
| Why do you import these animals? | |
| Short Experiment in Quarantine  If animals have identification, do you need to track this?  Yes  No  If animals don’t have ear identification, do you need to mark them?  Yes  No  If ‘YES’, please specify:  Ear tag  Ear punch  Project licence number:  Click here to enter text.  **Estimated end of experiment** (maximum duration 3 months):  Click here to enter text. | Rederivation into SPF breeding facility  If animals have identification, do you need to track this?  Yes  No  If animals don’t have ear identification, do you need to mark them?  Yes  No  If ‘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. | |