

Animal Care Facility Form

TITLE: Animal Importation Information Request Form

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APPROVED:  (Attending Veterinarian)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility



FLORIDA
INTERNATIONAL
UNIVERSITY

Office of Laboratory Animal Research

Animal Importation Information Request form

To Be Completed by Shipping Institute Attending Veterinarian

Shipping Institute Name: _____

Shipping Institute PI Name: _____ Room (s) where animals housed_ _

Animal Information (attach extra sheets if necessary)

Species:		Strain:		Substrain:
# of Males	Age/DOB	# of Females	Age/DOB	Comments:

Immune status of the 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 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:

Have the animals had surgery or any experimental procedures performed on them? ☐ 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:

What type of facility are the animals coming from? ☐ Barrier ☐ Non-barrier
↑(specify):

What is the current caging system for the rodents? ☐ ventilated microisolators ☐ 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

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Please indicate PPE used if any: <input type="checkbox"/> gloves <input type="checkbox"/> dedicated clothing <input type="checkbox"/> head cover <input type="checkbox"/> shoe cover <input type="checkbox"/> Other – explain
Are the cages changed under a cage changing hood? <input type="checkbox"/> Yes <input type="checkbox"/> No

Health Status at Shipping Institution

Health status determined by: <input type="checkbox"/> Sentinel rodents housed on dirty bedding from other animals in the room <input type="checkbox"/> Animals sampled directly <input type="checkbox"/> Investigators provide animals to be sampled <input type="checkbox"/> No sentinel program
Frequency of monitoring: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
Please indicate which of the following types of tests are conducted: <input type="checkbox"/> Serology <input type="checkbox"/> Microbiology <input type="checkbox"/> Parasitology (<input type="checkbox"/> Ecto <input type="checkbox"/> Endo)
Who or what company performs the institution's serology:
Are there any known pathogens or health problems in the room during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> 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 the past year? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

Please provide us with health reports from the previous 12 months for the room where the animals are currently being housed, the most recent being no more than 90 days old. Health reports must include results for the following agents.

MHV / Sendai / PVM / MPV / MVM / M. pulmonis / MAD 1&2 / TMEV / REO3 / LCM / Ectromelia / EDIM MNV / Polyoma / Salmonella sp / Pasteurella sp. / Pseudomonas aeruginosa / Clostridium piliforme / Staph. aureus / Helicobacter sp. / Corynebacterium kutscheri / Citrobacter rodentium / Streptococcus sp. / Bordetella bronchiseptica / Klebsiella sp. / Corynebacterium bovis (nude mice only) / Pneumocystis carinii (immuno- compromised mice only) / Pinworms (Syphacia and Aspicularis) / Mites (Myobia, Myocoptes, Radfordia)

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:

Phone:

Email: