Appendix 5 (rev. 01/04/05)

National Institutes of Health, _____

Institute Name Here

Bethesda, Maryland, U.S.A.

ANIMAL HEALTH DATA REQUEST TEMPLATE

| NITI policy re | quires rodents to be free or | tymphocytic choriomening | gitis virus, mouse poxvirus, ai | nd nantavirus. | |
|---|------------------------------|--------------------------|---------------------------------|----------------|--|
| ORIGINATING FACILITY | <u>′:</u> | | | | |
| Originating Institution: | | | | | |
| Investigator Last Name | : | First: | | | |
| E-mail: | | | | | |
| ivarium: Vivarium Room: | | | | | |
| Veterinarian's Last Nam | ne | First: | | | |
| Vet Voice: | | Fax: | | | |
| Vet E-Mail: | | Additional Contact(s)?: | | | |
| COLONY DESCRIPTION: | | | | | |
| Approximate Colony: Size In Room?: Immune Status: | | | | | |
| Breeding In Room?: | | | | | |
| Colony Status CLOSED OPEN w/ Quarantine Required OPEN | | | | | |
| Do Incoming Animals Come from Multiple Sources?: | | | | | |
| SENTINEL PROGRAM: | | | | | |
| (Please attach a letter explaining your sentinel program & known positives, or complete this section & provide a copy of the latest sentinel test results.) | | | | | |
| # Sentinel Boxes In Room: Animals tested : | | | | | |
| Frequency of Monitoring?: Quarterly Semi-Annually Annually Other | | | | | |
| Sentinel on Dirty Bedding ☐ YES ☐ NO (☐ Other method of sentinel exposure) | | | | | |
| Any Pathogens or Other Health Problems In Room in Previous Year?: | | | | | |
| Please List Pathogens or Potential Pathogens Present in other Rodent Rooms in Same Vivaria: None Present | | | | | |
| | | | | | |
| HUSBANDRY: | | | | | |
| Is Husbandry Shared With Any Rooms that Contain Potential Rodent Pathogens?: NO YES | | | | | |
| If Yes, List Organisms | | | | | |
| Caging System: | □ Conventional | ■ Microisolator | ☐Flow through | Other | |
| Protective Equipment: | ☐ Gloves | ☐Shoe covers | ☐Hair covers | ☐ Masks | |
| | Dedicated | □ Disposable | ☐ Change hoods | ☐Shower-in | |
| | clothing | clothing | | | |
| TESTING BIOLOGICALS: | | | | | |
| Are biologicals for use in animals routinely tested before use in your facility?: NO YES Unknown | | | | | |
| Veterinarian: | | | | | |
| (Print name) | | | (Signature) | (Date) | |
| | | | at | (-210) | |
| - | | | hana. (204) | | |
| Questions? Contact the Import Coordinator: E-mail: | | | or p | hone: (301) | |