

Request to Import Rodents from Non-Commercial Sources

LAF SUNY at Buffalo

CM-LAF use only:

RIR#:
Date of Arrival:

INSTRUCTIONS: Please complete sections 1-4 and return by mail or fax to:

Address: Kathy Thaler CM-LAF
BEB 116
SUNY at Buffalo
3435 Main Street
Buffalo, NY 14214

E-mail: thaler@acsu.buffalo.edu; FAX (716) 829-3249

Please call (716) 829 – 2919 if you have questions. Incomplete forms will be returned to preparer.

Please include 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. The health surveillance report should include test results for MHV, Sendai, PVM, Reo3, GDVII, Ectromelia, MAD1, MAD2, MPV, MVM, Polyoma, *M. pulmonis*, LCM, EDIM, CAR bacillus and internal and external parasites

Date of request: _____ **Protocol #** _____ **Account #** _____

Section 1: Receiving PI Information

PI Name:		Phone #:	
Department:		Fax #:	
Lab Contact	Phone #:	E-mail:	

Section 2: Exporter Information

Institution Name:

Shipping Contact:	Facility Veterinarian:
PI Name:	Contact at Vivarium:
Address	Address
Phone #:	Phone #:
Fax#	Fax#:
E-mail:	E-mail:

Section 3: Animal Information (attach extra sheets if necessary)

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

Immune status of the animals: <input type="checkbox"/> Immunocompetent <input type="checkbox"/> Immunodeficient <input type="checkbox"/> Unknown/Undetermined If 'deficient', please specify husbandry needs:
Have the animals been inoculated and/or exposed to infectious agents, recombinant DNA, carcinogens, toxic chemicals, and/or radionucleotides? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please identify:
Have the animals had surgery or any experimental procedures performed on them? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please describe:
Type of genetic modification: <input type="checkbox"/> Tg <input type="checkbox"/> KO <input type="checkbox"/> KI <input type="checkbox"/> N/A <input type="checkbox"/> Other (specify):
Do these animals have any special husbandry needs (special diet, medicated water, autoclaved cages, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please explain:

What type of facility are the animals coming from? <input type="checkbox"/> Barrier <input type="checkbox"/> Non-barrier <input type="checkbox"/> Other (specify):
What is the current caging system for the rodents? <input type="checkbox"/> Ventilated microisolators <input type="checkbox"/> Filter-top cages <input type="checkbox"/> Open-top cages <input type="checkbox"/> Ventilated rack <input type="checkbox"/> Other (specify):
Are the cages changed under a cage changing hood? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Post-Quarantine

Where would you like the animals housed after quarantine? <input type="checkbox"/> BEB <input type="checkbox"/> Hochstetter <input type="checkbox"/> Park <input type="checkbox"/> RIA <input type="checkbox"/> Barrier SPF unit
What type of caging system will your rodents need? <input type="checkbox"/> Ventilated microisolators <input type="checkbox"/> Filter-top cages <input type="checkbox"/> Open-top cages <input type="checkbox"/> Sterile <input type="checkbox"/> Non-sterile

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 upon arrival at the investigator's expense.

Signature of Principle Investigator: _____ **Date** _____

**To be completed by SUNY at Buffalo CM-LAF:
Section 5: Health Status at Exporting Institution**

Health status determined by: <input type="checkbox"/> Sentinel rodents housed on dirty bedding from other animals in the room <input type="checkbox"/> Animals samples 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
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 specify:
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 specify:

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Health report received: Vet approval: DOA: Sentinels ordered: Courier/Tracking #:	Special Requests:
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