Appendix 5 (rev. 01/04/05)

## National Institutes of Health, \_\_\_\_\_

Institute Name Here

## Bethesda, Maryland, U.S.A.

## ANIMAL HEALTH DATA REQUEST TEMPLATE

Nill policy re	quires rouerits to be free or	Tymphocytic choriomening	gitis virus, mouse poxvirus, a	nu 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   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 : Retired breeders Sentinels Experimental					
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?:					
If Yes, List Organisms					
Caging System:	□ Conventional	■ Microisolator	☐Flow through	Other	
<b>Protective Equipment:</b>	☐Gloves	☐Shoe covers	☐ Hair covers	<b>☐Masks</b>	
	☐ Dedicated	☐ Disposable	☐ Change hoods	☐Shower-in	
TEOTING BIOLOGICAL	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)	
Please Fax the completed form to			at		
Questions? Contact the Import Coordinator: E-mail:			or p	hone: (301)	