

ANIMAL HEALTH DATA REQUEST TEMPLATE

National Institutes of Health, Bethesda, Maryland, USA

Name:		Institute:	
Phone:	Fax:	E-mail address:	
ORIGINATING FACILITY			
Institution:		Vivarium:	
Investigator last name:			First name:
Phone:	Fax:	E-mail address:	
Veterinarian's last name:			First name:
Phone:	Fax:	E-mail address:	
Other Contact Individual(s):			
Phone:	Fax:	E-mail address:	
Signature of person completing form:			
SPECIFIC COLONY DESCRIPTION			
Approximate number of animals in room:		Immune status: <input type="checkbox"/> normal <input type="checkbox"/> deficient <input type="checkbox"/> undetermined	
Breeding in room <input type="checkbox"/> yes <input type="checkbox"/> no	Room status: <input type="checkbox"/> closed <input type="checkbox"/> open <input type="checkbox"/> open with quarantine		
Do incoming animals come from non commercial sources: <input type="checkbox"/> yes <input type="checkbox"/> no			
Does every room in the facility have routine health monitoring: <input type="checkbox"/> yes <input type="checkbox"/> no			
What is the health status of animals: (1-germfree, 2-gnotobiotic, 3-specific pathogen free, 4-conventional) _____ in room _____ in facility			
HUSBANDRY			
Is husbandry staff shared with rooms that potentially contain rodent pathogens: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list organisms			
Caging system: <input type="checkbox"/> Conventional <input type="checkbox"/> HEPA tent <input type="checkbox"/> Filter capped cages <input type="checkbox"/> Individual ventilated <input type="checkbox"/> Changed in laminar flow hoods <input type="checkbox"/> Other			
Protective measures: <input type="checkbox"/> Masks <input type="checkbox"/> Gloves <input type="checkbox"/> Shoe covers <input type="checkbox"/> Hair covers <input type="checkbox"/> Dedicated clothing <input type="checkbox"/> Shower-in			
SENTINEL PROGRAM			
Number of sentinel cages per holding cages _____ Or per racks in the holding room _____		Sentinels on used bedding: <input type="checkbox"/> yes <input type="checkbox"/> no	
Sentinels exposed to aerosols: <input type="checkbox"/> yes <input type="checkbox"/> no		Animals being tested: <input type="checkbox"/> retired breeders <input type="checkbox"/> sentinels <input type="checkbox"/> experimental _____ age in weeks	
Frequency of testing: quarterly <input type="checkbox"/> semi-annual <input type="checkbox"/> annual <input type="checkbox"/> other			
Any pathogens or other health problems in room in previous 12 months?:			
Please list potential or known pathogens present in any other rodent room in same vivarium over the previous year:			None Present <input type="checkbox"/>
TESTING BIOLOGICALS			
Are biologicals for use in animals routinely MAP, RAP, HAP or PCR tested in your facility? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown			