University of Iowa

Animal IMPORT Form B (For Shipping Institution)

*Information provided by the Institution/Investigator shipping animals to the University of Iowa*

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| Date: |  | | |
| UI Investigator name:  (to receive animals) |  | | |
| UI Investigator e-mail: |  | | |
| Name of Institution  shipping the animals: |  | | |
| Facility/Room Currently Housed: |  | | |
| Originating Investigator name: |  | | |
| Originating Veterinarian name: |  | | |
| Vet phone #: |  | | |
| Vet e-mail: |  | | |
| Individual handling the shipment of the animals:  (at originating Institution) | | Name: |  |
|  | | Phone #: |  |
|  | | E-mail: |  |
|  | | Fax #: |  |

Facility Husbandry: (Alternately, please include a facility description including standard husbandry and health monitoring steps for the source facility/program. Please ensure all questions below are addressed in your description)

1. Are the animals housed in a barrier facility?

NO

YES - Please describe barrier procedures that are in place:

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2. Do investigators have access to the barrier?

NO

YES

N/A (not in a barrier)

3. Do animals leave the animal facility (for study) and return to housing?

NO

YES - Please provide details, if relevant:

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4. Present housing:

a. Ventilated cages

b. Non-ventilated microisolators

c. Conventional shoebox cages

d. Other (please describe):

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5. Feed:

a. Commercial autoclaved feed

b. Commercial irradiated feed

c. Conventional (non-sterilized) feed

d. Other (please describe):

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6. Water:

a. Chlorinated tap water

b. Acid treated water

c. Filter sterilized

d. Other (please describe):

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7. Is a ventilated cage-changing station in use?

YES

NO

8. Are cages/bedding autoclaved?

YES

NO

Facility Health History:

1. Have any of the following agents been detected in this **facility** in the **past two years**?

Mouse Agents: MHV, Sendai, PVM, Reo3, TMEV, Ectromelia, Mouse adenovirus 1 & 2, *M. pulmonis*, LCMV, EDIM, Parvovirus (MVM, MPV), MNV, ectoparasites, endoparasites

Rat Agents: CAR bacillus, Hantaan, LCM, *M. pulmonis*, MAD1, Parvo NS-1, H1, KRV, RMV, RPV, PVM, RCV/SDAV, REO3, RTV, TMEV GDVII, Sendai, *C. piliforme* (Tyzzer's), ectoparasites, endoparasites

NO

YES – Please identify list agents below (and answer items a-d for all agents identified):

a. When was the agent detected and is it still present?

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i. If no longer present, how was it eradicated?

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b. Where is/are the room(s) with the agent located in relation to the room housing the animals to be shipped?

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c. Do Investigators in the room(s) with the agent have access to or house animals in the room where animals to be shipped are housed (this would include any of their supplies)?

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d. Is husbandry staff common in the positive room(s) and the room housing the animals to be shipped?

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i. If yes, what procedures are in place to prevent the spread of the agent to non-infected rooms?

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2. Do you use an animal sentinel program?

NO

YES

* 1. What is the sentinel strain?

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* 1. Describe sentinel exposure (e.g., soiled bedding transfer, open cage system with no filter top, etc.).

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c. Describe frequency of sentinel testing?

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d. Maximum number of cages monitored per sentinel cage: (how many cages may be pooled?)

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3. Do you use alternative monitoring methods (in place of/in addition to sentinels)?

(E.g. exhaust air PCR, colony animal testing, etc.)

NO

YES

If Yes, please describe:

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4. Please provide test results for the last 12 months, including the most recent report to have been done within the last 90 days. Also include the latest comprehensive evaluation (if done annually). If animals have been tested for Helicobacter or Pasteurella pneumotropica please provide those results as well.

If annual comprehensive evaluations are performed with intervening abbreviated evaluations please provide the latest copy of each.

Please return this questionnaire along with health reports to the University of Iowa Investigator listed at the top of this form.

**Animals are not to be shipped until you receive an approval from the University of Iowa Shipping Coordinator.**