

**Request to Import Rodents from Non-Commercial Sources**  
**Animal Resources Center**  
**Dartmouth College**

INSTRUCTIONS: Please complete ALL sections and return by mail or fax to:

Eric Dufour, Animal Resources Center  
 Address: HB 7150 Borwell Bldg., Level 3  
 One Medical Center Drive  
 Lebanon, NH 03756

E-mail: [Eric.Dufour@dartmouth.EDU](mailto:Eric.Dufour@dartmouth.EDU); FAX (603) 650-6603

Please call (603) 650-7598 if you have questions. Incomplete forms will be returned to preparer.

**Date of request:** \_\_\_\_\_ **Protocol #** \_\_\_\_\_ **AR#** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Section 1: Requester Information**

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

**Section 2: Exporter Information**

**Institution Name:** \_\_\_\_\_

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

**Section 3: Animal Information**

Species:	Strain:	Substrain:
# Males/#Females:	Age/DOB:	
Immune status of the animals: <input type="checkbox"/> Competent <input type="checkbox"/> Deficient <input type="checkbox"/> Unknown/Undetermined If 'deficient', please specify:		
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: 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 your institution's serology:
Are there any known pathogens or health problems in the room during the past 1 year? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please specify:
<b>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.</b> The health surveillance report should include test results for MHV, Sendai, PVM, Reo3, GDVII, Ectromelia, MAD1, MAD2, MPV, MVM, Polyoma, <i>M. pulmonis</i> , LCM, EDIM, <i>E. cuniculi</i> , CAR bacillus and internal and external parasites.

**Section 5: Post-Quarantine**

Where would you like the animals housed after quarantine? <input type="checkbox"/> Borwell <input type="checkbox"/> Vail <input type="checkbox"/> Moore
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

**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 at the investigator's expense.**

**Signature of Principle Investigator:** \_\_\_\_\_ **Date** \_\_\_\_\_

**ARC Use**

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