

**NONROUTINE VENDOR - ANIMAL ORDERING WORKSHEET**

**Req #** \_\_\_\_\_

*TOP HALF TO BE COMPLETED BY INVESTIGATOR  
SUBMIT TO ANIMAL ORDERING AND RECEIVING CLERK*

**DATE** \_\_\_\_\_ **P.I.** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**DEPT** \_\_\_\_\_ **BOX#** \_\_\_\_\_ **UCAR#** \_\_\_\_\_

**ACCT#** \_\_\_\_\_ **PERSON COMPLETING FORM** \_\_\_\_\_

**SPECIES** \_\_\_\_\_ **STRAIN** \_\_\_\_\_

**QUANTITY OF MALES** \_\_\_\_\_ **QUANTITY OF FEMALES** \_\_\_\_\_

**STRAIN (INCLUDING BACKGROUND)** \_\_\_\_\_

**# REQUESTED** \_\_\_\_\_ **# PER CAGE** \_\_\_\_\_ **ARRIVAL DATE REQUESTED** \_\_\_\_\_

**SOURCE REQUESTED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**NAME OF P. I. OR OWNER OF ANIMALS** \_\_\_\_\_

**NAME OF CONTACT PERSON AT VENDOR** \_\_\_\_\_

**CONTACT PERSON'S PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**CONTACT PERSON'S EMAIL:** \_\_\_\_\_

**NAME OF FACILITY VETERINARIAN** \_\_\_\_\_

**FACILITY VET'S PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**FACILITY VET'S EMAIL:** \_\_\_\_\_

*PLEASE ANSWER THE FOLLOWING QUESTIONS ON THE BACK IF ORDERING RODENTS*

**VIVARIUM OFFICE ONLY**

**DLAM Vet Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Specific Health Status** \_\_\_\_\_

**Husbandry Strategy Requested** \_\_\_\_\_

**VIVARIUM MGT. Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Husbandry** \_\_\_\_\_

**ANIMAL ORDER/RECEIVE CLERK SIGN OFF** \_\_\_\_\_

**Date/Time of Arrival** \_\_\_\_\_

**Carrier** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Air/Freight/Weigh Bill#** \_\_\_\_\_

**Person who housed the animals** \_\_\_\_\_

**OTHER INSTRUCTIONS/COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. HOUSING REQUESTED:    SMD    MRB    CVRI    FOUNDATION COLONY  
SPECIFIC ROOM NUMBER, IF KNOWN
  
2. ROOM STATUS REQUESTED:        ONE WAY ROOM        TWO WAY ROOM
  
3. RODENT HOUSE STRATEGY:        STANDARD        MICRO
  
4. HELICOBACTER STATUS:        MUST BE NEGATIVE        DOES NOT MATTER  
Note: Mice will only be tested for Helicobacter if you request that they be negative. If it does not matter to you, they will not be tested, but presumed positive. Rats are not routinely tested for Helicobacter at this time
  
5. ARE THERE ANY SPECIAL HUSBANDRY REQUIREMENTS ASSOCIATED WITH THESE ANIMALS? YES    NO  
IF YES, PLEASE DESCRIBE
  
6. HAVE THESE ANIMALS BEEN MANIPULATED IN ANY WAY?    YES        NO
  
7. IF SO, WHAT HAVE THEY EXPERIENCED (SURGERY, INJECTIONS, IRRADIATION, ETC.)? PLEASE DESCRIBE IN DETAIL
  
8. PLANS FOR THESE ANIMALS:  
ACUTE USE THEY WILL BE GONE WITHIN        DAYS        WEEKS        MONTHS OF ARRIVAL  
  
PLAN TO KEEP THEM LONG-TERM
  
9. IF YOU PLAN TO KEEP THESE ANIMALS, HOW MANY DO YOU ESTIMATE YOU WILL HAVE UPON RELEASE FROM QUARANTINE?(ABOUT 6-8 WEEKS AFTER ARRIVAL)  
  
HOW MANY DO YOU ESTIMATE YOU WILL HAVE 6 MONTHS AFTER RELEASE FROM QUARANTINE?  
  
WHAT SIZE COLONY OF THESE ANIMALS DO YOU ULTIMATELY PLAN ON HAVING?  
AVG. # OF CAGES        MAX.        AVG. # OF ANIMALS        MAX.

**\*It is recommended that rodent colonies that would be difficult to replace be divided into two animal-housing rooms. This would prevent you from having to rederive or replace them if a pathogen is discovered in one room. For Helicobacter negative mice, second housing options can include the DLAM-managed foundation colony, the Helicobacter negative suite (B9816) in the KMRB, or a Helicobacter negative MIT room in SMD. For Helicobacter positive mice, second housing options can include the Helicobacter positive DLAM-managed foundation colony or the Helicobacter positive MIT breeding room in SMD. A DLAM-managed foundation colony also exists for rats. Please contact one of the DLAM veterinarians for a list of the quarantine test requirements and their costs for rodents going into these various rooms.**