

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. **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

4. **ARE THERE ANY SPECIAL HUSBANDRY REQUIREMENTS ASSOCIATED WITH THESE ANIMALS? YES NO**

IF YES, PLEASE DESCRIBE _____

5. **PLANS FOR THESE ANIMALS: ACUTE USE THEY WILL BE GONE WITHIN**
_____ DAYS/WEEKS/MONTHS OF ARRIVAL

PLAN TO KEEP THEM LONG-TERM

6. **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.