

University of Tennessee

Office of Laboratory Animal Care

Rodent History Questionnaire

Instructions for UTK Manager or Investigator: Fill in highlighted boxes and email or fax to Chris Carter at clcarter@utk.edu, 865-974-5649.

Receiving Institution (RI): The University of Tennessee			
	Name	Phone	Email Address
Investigator at RI			
Veterinarian at RI	Lori Cole, DVM	865-974-9074	lcole21@utk.edu
Shipping Coordinator at RI	Chris Carter	865-974-5546	clcarter@utk.edu
CVM-LAF Manager	Jessica Hunt	865-755-7463	jblack38@utk.edu
JH Manager	Chuck Corum	865-974-6253	ccorum@utk.edu
UTMCK Manager	Ronnie Roberts	865-305-9451	rroberts@utmck.edu
MLAF Manager	Rick Marble	865-974-2801	rmarble@utk.edu
Institution of origin(IO):			
	Name	Phone	Email Address
Investigator at IO			
Veterinarian at IO			
Shipping Coordinator at IO			
Species, Strain/Stock Requested:			
Number of Animals Requested (M/F):			

Instructions for Institution of Origin: Please attach a copy of the health monitoring report for the past 6 months and fill out questionnaire below.

Husbandry

1. Type of housing
 - Barrier Conventional Ventilated cages Other (please describe):

2. Diet
 - Autoclaved Irradiated Conventional pellets

3. Water
 - Chlorinated Acidified Reverse Osmosis Other

4. Method of Cage Changing
 - Laminar flow hood No cage changing station Other

5. Personnel Protective Equipment used when handling animals:
 - Lab coat Gloves Masks Bonnets Shoe Covers

6. Do these animals need special food or accommodations?
 No Yes (please describe):
6. If the animals are transgenic, does the phenotype have any unique health concerns/characteristics?

Health Status

1. Do you use a Health Surveillance Program?
 No. If no, please indicate how you monitor the health of the animals?
- Sentinels (Please indicate number of sentinel cages/room, strain and age of sentinel animals, method of sentinel exposure):
- Exhaust Air Dust PCR testing
- Other:
2. Frequency of Testing (Please indicate pathogens or specify name of a vendor specific profile used at each interval):
 Monthly for:
 Quarterly for:
 Annually for:
3. Name of the laboratory conducting testings:
 Serology:
 Bacteriology:
 Parasitology:
 PCR:
4. Have you detected any pathogens in your rodent facilities in the past year?
 No Yes. If yes, please indicate pathogen, eradication methods employed, post detection monitoring, and date of eradication?

Please attach a copy of the health monitoring report for the past 6 months.

SIGNATURE OF THE VETERINARIAN AT INSTITUTION OF ORIGIN:

Please fax or email this form and health monitoring report to clcarter@utk.edu, 865-974-5649.