**Non-Routine Vendor Questionnaire**

| Approval must be obtained before animals can be accespted into ETSU animal housing facilities. Before importing animals to ETSU from a non-routine vendor or from an academic institution, a **health status report and a Non-Routine Vendor Questionnaire** (or a detailed narrative description of housing and husbandry practices) must be reviewed and approved by the ETSU/DLAR veterinarian. The health status report for rodents must include results of serology and parasitology testing; reports older than 3 months are not acceptable. *The shipping of animals must be arranged by the DLAR Office* to assure that a valid Animal Study Protocol exists, acceptable health reports and Non-Routine Vendor Questionnaire were received, and proper housing and supplies are available for the animals. Please submit completed form to the DLAR Office. |
| --- |

**Source of animals**

Company/Institution:

Address:

Contact person for animal health and husbandry:

Phone:

Owner of animals to be shipped/PI:

Animal protocol number:

**Animals to be shipped**

| Species: | Strain/line: | | Relevant phenotype: |
| --- | --- | --- | --- |
| Number of females: | | Number of males: | |

Special requirements (housing, care, etc). Are there any strain-related problems or husbandry concerns (e.g. breeding, perinatal death, etc) that we should know about?

**Animal husbandry**

| barrier housing | | | IVC housing | | | | | | | conventional housing | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| autoclaved caging | | | autoclaved bedding and food | | | | | | | autoclaved water | | | |
| microisolator top | | | fiberglass top | | | | | | | no cage cover | | | |
| Personal protective equipment required during animal care activities: | | | | | | | | | | | | | |
|  | gown | | mask | | | | shoe covers | | | gloves | | | none |
| Room access: | | animal care staff | | | vet. Staff | | | | research staff | | | others | |
| Animals in the room belong to: | | | | single PI | | | | | | multiple PIs | | | |
| Can rodents be returned to the room after removal? | | | | | | | | yes | | | no | | |
| Rodents in the room are obtained from: | | | | | | commercial vendors | | | | in-house | | | others |
| Comments | | | | | | | | | | | | | |

**Animal health status**

| Is there a health surveillance program for your facility? | | | | | | | | yes | | | no | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is this room included in the health surveillance program? | | | | | | | | yes | | | no | |
|  | If yes: | number of sentinels in the room: | | | |  | | | | | | |
|  |  | soiled bedding exposure? | | yes | | | | | no | | | |
|  |  | diagnostic tests performed: | | | viral serology | | | | | bacteriology | | |
|  |  |  | | | ectoparasites | | | | | endoparasites | | |
|  |  |  | | | complete necropsy examination | | | | | | | |
|  |  | Frequency of testing: | quarterly | | | | semiannually | | | annually | | other |
| Comments: | | | | | | | | | | | | |

| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- |
|  | Title: | Phone: | |