

**University of Tennessee
Office of Laboratory
Animal Care
Rodent History Questionnaire**

**PLEASE ATTACH A COPY OF THE HEALTH MONITORING
REPORT FOR THE PAST 6 MONTHS**

Receiving Institution (RI): The University of Tennessee

Receiving institution contact information:

	Name	Phone	Fax	Email Address
Investigator at RI				
Veterinarian at RI	William A. Hill, DVM	865-974-5770	865-974-5649	wahill@utk.edu
Shipping Coordinator at RI	Jane Czarra	865-974-5841	865-974-5649	jczarra@utk.edu

Institution of origin(IO): _____

Institution of origin contact information:

	Name	Phone	Fax	Email Address
Investigator at IO				
Veterinarian at IO				
Shipping Coordinator at IO				

Husbandry

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

2. Diet
 - Autoclaved Irradiated Conventional pellets

3. Water
 - Chlorinated Acidified Filter sterilized other

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

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

6. Do these animals need special food or accomodations?
 - No Yes (please describe):

7. If the animals are transgenic, does the phenotype have any unique health concerns/characteristics?

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Health Status

1. Do you use a Health Surveillance Program?
 - No. If no, please indicate how you monitor the health of the animals?

 - Yes: Number of sentinel cages/ room:
Strain and age of the sentinel animals:
Method of sentinel exposure:

2. Frequency of Sentinel Testing (Please indicate pathogens tested at each interval):
 - Monthly for:
 - Quarterly for:
 - Annually for:

3. Name of the laboratory conducting testings:
 - Serology:
 - Bacteriology:
 - Parasitology:

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?

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SIGNATURE OF THE VETERINARIAN AT INSTITUTION OF ORIGIN:

Please fax this form and health monitoring report to 865-974-5649 and to the attention Jane Czarra. Please alert Mrs. Czarra via email or telephone before transmitting information.