

University of Washington
Department of Comparative Medicine
Rodent Health Monitoring Program (RHMP)

HEALTH INFORMATION

INCOMING RODENTS FROM NON-APPROVED VENDORS

Section A to be filled out by:

UW Investigator

INVESTIGATOR	<u>Renée LeBoeuf</u>	CONTACT	<u>Renée LeBoeuf</u>
EMAIL	<u>leboeuf@u.washington.edu</u>	STRAIN	_____
NUMBER REQUESTING	_____	UW HOUSING LOCATION	_____

Section B to be filled out by:

NON-APPROVED VENDOR (SENDING INSTITUTION)

INSTITUTION	_____	INVESTIGATOR	_____
VETERINARIAN	_____		
ANIMAL ROOM	_____	CAGING SYSTEM	_____
IMMUNE STATUS:	_____ NORMAL _____ DEFICIENT _____ UNDETERMINED		
HEALTH MONITORING:	Sentinal Rodents Used	Rodents Sampled Directly	
Are there pathogens in other rodents in this room?	Y / N	Please Specify	_____
Are there pathogens in other rooms in the facility?	Y / N	Please Specify	_____

****SEROLOGY AND PARASITOLOGY HEALTH REPORTS
DATED WITHIN THE LAST THREE MONTHS ARE REQUIRED****

Please return this completed form with health reports to Animal Purchasing

Animal Purchasing T-150
Email: animal@u.washington.edu
Phone: (206) 543-0640

Fax: (206) 543-7706