

Appendix 3

Department of Health and Human Services
Public Health Service, National Institutes of Health

**Application for Permit to
Introduce Rodents**

See NIH Manual 3043-1 for complete instructions.
Use additional sheets if more space is needed.

1. From (Name, address, E-mail address, phone no. and fax no. of facility)

2a. To (Name of requestor)		2b. Institute/Laboratory	3. Genus and Species, Common Name(s), Correct Nomenclature, Color, Strain/Stock (Provide all information needed for cage cards; use an addendum, if necessary.)	
2c. NIH Address (Bldg./Rm.)	2d. E-mail address			
2e. Phone No.	2f. Fax No.			
4a. Have these animals been injected/manipulated?			4b. Location currently housed Building: _____ Room: _____	
5. Number of Animals to be Received Male: _____ Female: _____ Age range: _____			6. Approximate Date of Arrival	7. Approved Animal Study Proposal No.
8a. Medical History of the Originating Colony				

8b. Current Location or Source of the Colony

8c. What diseases or parasites are known to be present in the originating colony?

9. Has colony been checked for Lymphocytic Choriomeningitis (LCM) virus and hantavirus (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		10. Can these animals mount an antibody response? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
11. Name, title, E-mail address, phone no., and fax no. of sending institution's facility veterinarian or designee	12a. Final Location where animals will be housed		13. Special requirements for handling animals during the quarantine period <input type="checkbox"/> Rederivation by IETS Standards (modified) <input type="checkbox"/> Exemption from Quarantine <input type="checkbox"/> Quarantine at: _____ <input type="checkbox"/> DO NOT BLEED <input type="checkbox"/> Breed during quarantine <input type="checkbox"/> Other: _____	
	12b. Is this location listed in the approved ASP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	12c. Quarantine/Isolation location			

I certify that these animals will be used in accordance with all restrictions and precautions as may be specified in the permit.	14a. Requestor's Name	14b. Signature	14c. Date Signed
	15a. IC Animal Program Director's Name	15b. Signature	15c. Date Signed
	16a. Facility Veterinarian's Name	16b. Signature	16c. Date Signed

17. Quarantine Requirements	18. Testing method(s) requested <input type="checkbox"/> Direct testing <input type="checkbox"/> Direct/contact sentinels <input type="checkbox"/> Indirect sentinels <input type="checkbox"/> Extra colony mice <input type="checkbox"/> Other: _____
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Permit to Introduce Rodents or Rodent Products

1. Permit Number		3. Quarantine location
2. Remarks		
		4. Date Issued

Fenbendazole feed in 127/128 & 14G106