

# Appendix 3

Department of Health and Human Services Public Health Service, National Institutes of Health  <h2 style="text-align: center;">Application for Permit to Introduce Rodents</h2> <i>See NIH Manual 3043-1 for complete instructions. Use additional sheets if more space is needed.</i>		1. From (Name, address, E-mail address, phone no. and fax no. of facility)	
2a. To (Name of requestor)		2b. Institute/Laboratory	
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	
		12b. Is this location listed in the approved ASP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		12c. Quarantine/Isolation location	
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: _____			

<b><i>I certify that these animals will be used in accordance with all restrictions and precautions as may be specified in the permit.</i></b>	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	
2. Remarks	3. Quarantine location
	4. Date Issued

Fenbendazole feed in 127/128 & 14G106