Appendix 5

Department of Health and Human Services
National Institutes of Health

Application for Rodent Products or Rodent Pathogens for Use *In Vivo* Biological Assessment

Use prescribed by NIH Manual 3043-1

Complete one form for each biological. This form is used to determine if testing of a biological is required prior to in vivo use.

Please e-mail the completed form to:

Name of Requestor –

Date of Request –

E-mail address –

Phone number –

IC QA Code:

ASP(s) *to be used on –*

Facility *to be used in –*

Species *to be used with –*

Name of APD/IC RIO –

Name of Facility Veterinarian –

Note: If a cell line, product of a cell line, or other biological for use in rodents has been exposed to rodents or rodent products, they must be tested prior to use.

1. Type of biological (please select one)
   - a) ☐ cell line
   - b) ☐ antibody
   - c) ☐ hybridoma
   - d) ☐ parasite
   - e) ☐ antigen (specify in description)
   - f) ☐ microbe (specify in description)
   - g) ☐ biochemical (specify type in description)
   - h) ☐ adjuvant (specify in description)
   - i) ☐ known rodent pathogen

   Other ☐ specify *(e.g. bone marrow, serum)*

2. Complete name of the biological –
   a) Description of Biological –
3. Where was the biological obtained from? *(If a commercial source please state company name; if from another NIH lab please give the lab name and the name of the PI; if from another outside source please state institute name and PI name.)* –
4. Is this biological of rodent origin Yes ☐ No ☐ Unknown ☐
5. Has the biological been exposed to any rodent products? *(e.g. serum)*
   Yes ☐ No ☐ Unknown ☐
6. Will this biological be maintained using products that contain or have been exposed to rodents or rodent products? Yes ☐ No ☐ *(if yes, explain)*
7. If you answered yes to any of questions 4-6, will the biological be purified before use in animals?
   Yes ☐ No ☐ *(If yes please elaborate on the method of purification to be used)*

8. Other comments *(provide information you feel would be helpful in determining the risk level of the biological to the recipient animals)*:

9. If the product has been PCR or MAP/RAP/HAP tested previously, include results with the application.

I certify that the biological will be used in accordance with all restrictions and precautions as specified in NIH Policy 3043-1.	Requester's Name ▶	Signature	Date Signed
	IC Animal Program Director's Name	Signature	Date Signed
	Facility Veterinarian's Name	Signature	Date Signed

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