

Requester (Researcher and lab)	<input type="text"/>		
Line name	<input type="text"/>	GMA name	<input type="text"/>
PyRat name	<input type="text"/>	Info PyRAT	<input type="text"/>
Destination : arrival	<input type="text"/>	Biosafety Level	
Destination : final	<input type="text"/>	Date d'arrivée prévue	<input type="text"/>

Shipper (mice Provider)	
<u>Institution Name:</u>	<input type="text"/>
Address:	<input type="text"/>
<u>Collaborator Name:</u>	<input type="text"/>
Phone:	<input type="text"/> Email: <input type="text"/>
Originating Facility	
<u>Contact Person:</u>	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/> Email: <input type="text"/>
<u>Facility Vet:</u>	<input type="text"/>
Phone:	<input type="text"/> Email: <input type="text"/>

Animals					
Total number of animals :		<input type="text"/>			
Indicate the distribution by shipping compartments.					
N°	Genotype	ID	Sexe	Birth date	Compartment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

Sanitary aspects

Please provide all the health reports for the whole animal house with 18 months of history.

Facility Building: _____ Facility Room: _____

Mice Immune Status: _____

Experimental procedures: _____
If yes, describe: _____

Husbandry:

Type of caging: _____
Other: _____

Change in laminar flow hoods?

Are cages autoclaved ?

Type of Bedding: _____ autoclaved ?
Diet: _____ autoclaved ? irradiated?

Protective mesures:

Mask: _____ Gloves: _____ Other: _____
Shoe covers: _____ Dedicated clothes: _____
Special Labcoat (sterile): _____ Shower: _____

Health Status:

Facility Status: _____ FELASA recommandations for health screening: _____
Frequency of testing: _____
Sentinels on bedding: _____ Sentinels exposed to aerosols: _____
Type of animals tested: _____
Strain: _____ Duration of exposure: _____
Pathogens Outbreaks ?
If yes, describe: _____

