

Application for Permit to Introduce Rodents and Rodent Products

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

1. Request Permit To (<i>check one</i>) <input type="checkbox"/> Introduce from within U.S. <input type="checkbox"/> Import into U.S.	2. Permit is for: <input type="checkbox"/> Rodents <input type="checkbox"/> Rodent Products/Embryo
4. From (<i>Name, address, E-mail address, phone no. and fax no. of facility</i>)	

3a. To (<i>Name of requester</i>)	3b. Institute/Laboratory	5. Genus and Species, Common Name(s), Correct Nomenclature, Color, Strain/Stock or Description of Rodent Product	
3c. NIH Address (<i>Bldg./Rm.</i>)	3d. E-mail address		
3e. Phone No.	3f. FAX No.		
6a. Have these animals been injected/manipulated?		6b. Location currently housed Building: _____ Room: _____	
7. Number of Animals to be Received Male: _____ Female: _____ Age range: _____		8. Approximate Date of Arrival	9. Approved Animal Study Proposal No.

10a. Medical History of the Originating Colony or Tissue

10b. Current Location or Source of the Colony or Tissue

10c. What diseases or parasites are known to be present in the originating colony?

11. Has colony or tissue been checked for Ectromelia (mouse pox), Lymphocytic Choriomeningitis (LCM) virus, and hantavirus (<i>if applicable</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Can these animals mount an antibody response? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13. Name, title, E-mail address, phone no., and FAX no. of sending institution's facility veterinarian or designee	14a. Final Location where animals or tissue will be housed and/or used 14b. Is this location listed in the approved ASP? <input type="checkbox"/> Yes <input type="checkbox"/> No 14c. Quarantine location	15. Special requirements for handling animals or tissue during the quarantine period <input type="checkbox"/> Rederivation by IETS Standards (modified) <input type="checkbox"/> Waiver of Quarantine <input type="checkbox"/> Quarantine at: _____ <input type="checkbox"/> DO NOT BLEED <input type="checkbox"/> Breed during quarantine <input type="checkbox"/> Other: _____

<i>I certify that these animals or tissues will be used in accordance with all restrictions and precautions as may be specified in the permit.</i>	16. Requester's Name	19. Signature	22. Date Signed
	17. IC Animal Program Director's Name	20. Signature	23. Date Signed
	18. Facility Veterinarian's Name	21. Signature	24. Date Signed

25. Quarantine Requirements

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1. Permit Number	
2. Remarks	3. Quarantine location
4. Signature of DVR Rodent Import Officer or designee	5. Date Issued