

To be completed by Charles River Laboratories:

Accession No: _____
Date Received: _____

HEALTH MONITORING SUBMISSION FORM
PLEASE ATTACH A COPY OF THIS FORM TO THE CONTAINER IN WHICH THE ANIMALS ARE SHIPPED

Send results to:
SPONSOR: _____
ADDRESS: _____

ATTN: _____
TEL: _____ preferred method
FAX: _____
EMAIL: _____
U.S. POST (TO ABOVE ADDRESS):

Bill to:
SPONSOR: _____
ADDRESS: _____

ATTN: _____ TEL: _____
P.O. OR CREDIT CARD #: _____
 VISA MC AMEX EXP. _____
NAME ON CARD: _____
INVOICE REMARKS (will appear on invoice): _____

ILIMS SPONSOR ID :

To the best of my knowledge, these animals and/or specimens have not been inoculated with any infectious agents which might pose a threat to human health.
Signed: _____ **Date:** _____

Live animals submitted for health monitoring must be scheduled with the diagnostic laboratory. Please contact the Technical Services Department at 1-800-338-9680

DATE SHIPPED: _____

MOUSE RAT HAMSTER GUINEA PIG RABBIT GERBIL OTHER: _____
(INDICATE ONLY ONE SPECIES PER FORM, PLEASE)

Are these animals individually identified? YES NO If Yes, how are they marked _____
Are these animals immunodeficient? YES NO _____

Animal ID	Quantity	Strain	Age/DOB	Sex	Comments
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL NUMBER OF ANIMALS SUBMITTED: _____

Protocol (select ONE): HM PLUS HM STANDARD HM BASIC OTHER (INDICATE BELOW)

Additional Services:
 HELICOBACTER PCR MPV PCR MHV PCR
 OTHER: _____

Comments/Animal History: _____

ADDITIONAL PAGES ATTACHED

Instructions for Completing the Health Monitoring Submission Form

Live animals for Health Monitoring must be scheduled with the Diagnostic Laboratory. Please contact our Technical Assistance Department at 1-800-338-9680 prior to shipping.

Write the firm and contact information for the person we should **Send Results To**. Indicate your **preferred method** for results communication by checking the appropriate box for fax, email, or U.S. Postal Service.

Write the appropriate **Bill To** information for the **person/department to receive invoices**. Provide a **Purchase Order Number or credit card** information. For credit card payment, include card number, type (i.e., VISA, MC), expiration date, and name on card. **Invoice Remarks** will appear on the invoice. It may be used for your internal billing purposes.

Sign and Date where indicated to verify biohazard status.

Indicate the **date shipped**. Please record all dates in the form MM/DD/YY. Check one box to indicate the **species**. Each species must be accessioned separately, and therefore must be listed on separate forms.

Please ship animals to the Attention the of: **Health Monitoring Department, Charles River Laboratories, 251 Ballardvale St. Wilmington, MA 01887**

Indicate whether or not the animals are **individually identified**. If "NO" is checked, animals will still be identified by any group ID information noted, and animals within a set or group will be sequentially numbered. If individual animal IDs are used, indicate **how the animals are marked** (i.e., ear tag, tail mark, crate labels).

Indicate whether or not these animals are **immunodeficient**.

Identify the animals/samples to which the form pertains. Use one form per species, please. If animals (or other samples) are grouped, provide **group ID** and indicate the **quantity** of animals/samples in the group. If animals/samples are individually identified, provide **animal ID** and "quantity=1" on each line. If no information is given, animals/samples will be sequentially numbered. If this form pertains to a group of animals/samples that will be shipped in more than one container, attach a copy of the form to each container. If IDs are used, animals/samples must be clearly labeled to ensure proper identification. Labeling information (i.e., ear punch codes) may be provided in the comments field, or attach separate information.

Strain, Age, and Sex are optional fields. Additional information (such as weight) may also be added, and every attempt will be made to ensure that the information appears on the report. **Comments** may be added in the fields provided here, or more general group comments may be added in the **Comments/Animal History** section. If additional space is needed, attach additional page(s), such as a sample information-continued page (page 2), and **check the box to signify that additional page(s) are attached**. Indicate the **total quantity** of animals (or other samples) being submitted for this accession (one accession per form, including any supplemental pages).

Select one **protocol**. See the catalog or web site for protocol descriptions, or contact Technical Assistance (1-800-338-9680) for more information. The selected protocol will be applied to all animals/samples on this accession number. **Additional services** may be added to some or all animals/samples by selecting the appropriate services. Services will be applied to all animals/samples unless otherwise indicated.



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Tel: (978) 658-6000 Fax: (978) 658-7698 Technical Assistance: 1-800-338-9680