##### **Animal Care services**

**Office of Research Services**

Michael Williams Building, Room B202

PO Box 1700 STN CSC

Victoria BC V8W 2Y2

##### **Animal EXPORT Form**

Please send completed form to UVic Animal Ordering ([animalorders@uvic.ca](mailto:animalorders@uvic.ca)). We do not accept phone requests.

**The authorizing signatory is responsible for all shipping, unless otherwise indicated.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Submitted (dd/mm/yy):** | |  | | | |
| **UVic Investigator:** | |  | Protocol # | |  |
| **UVic Lab Contact Person:** | |  | | | |
| Ph: |  | | Email: |  | |
| **Receiving Investigator & Institution:** | |  | | | |
| **Receiving Institution Contact Person:** | |  | | | |
| Ph: |  | | Email: |  | |
| **Receiving Institution Import Coordinator:** | |  | | | |
| Ph: |  | | Email: |  | |
| Is Receiving Institute covering all costs associated with shipping?  Yes  No | | | | | |
| If UVic covering shipping costs provide FAST account: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Animal Information:**  MTA Required:  Yes  No  Don’t Know | | | | | |
| **Animal IDs** | **Species/Strain** | **Sex** | **Age** | **Facility/Room/Tank Location** | **Researcher listed on cage card/bench record** |
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| Immune System: Normal  Deficient | | | |  |  |

**Are international health certificates required for this shipment?**  Yes  No

|  |  |  |
| --- | --- | --- |
| **Billing:** | | |
| **Fast Account:** | | **Science Stores Code:** |
| **Authorizing Signature:** |  | |
| **Export fees:** | 1. Courier and international documentation/import fees.   Note: Estimates will be provided for approval prior to shipping   1. UVic ACS shipping fees: $50.00 per crate/container (material recovery only) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE COMPLETED BY UVIC STAFF (please check once complete)** | | | |
| Health Reports emailed to institution |  | Advise all contacts listed of shipping date |  |
| Institution's approval |  | Transport documentation completed |  |
| Courier Estimate approved by PI |  | Billing Complete |  |
| Crated by: |  |  |  |