##### **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). 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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 shipping1. 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: | [ ]   |  |  |