##### uv_csq_colour[1]**Animal Care services**

**FOR ADMINISTRATION USE**

🞎 Space available in ACU facility

🞎 Protocol approved and active

**Office of Research Services**

Michael Williams Building, B202

PO Box 3025 STN CSC

Victoria BC V8W 3P2

##### **Commercial Supplier Animal Order Form**

This form may be typed or handwritten. We do not accept phone orders. Animal orders **must** have a current approved protocol by the Animal Care Committee. Email the completed form to **animalorders@uvic.ca****.** If ordering rats or mice – orders must be received **at least 72 hours prior** to the shipping date for commercial vendors. **The authorizing signatory is responsible for all shipping costs**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  |  | **For ACU use:** |
| **Principal Investigator (PI):** |  | Expected Animal Arrival date: |
| **Protocol Number:** |  |
| **Contact Name:** |  | Animals Received date: |
| **Contact’s Phone #:** |  |
| **Contact’s Email:** |  | Completed: [ ]  |
| **Preferred Vendor:** |  |
| **Arrival Date Requested:** |  |
| **FAST Acct. (10 digit)** |  |
| **I authorize payment of this animal order.** | **Physical signature only** |

ATTN: authorizer: Please DO NOT sign this form electronically. Submit by email and please write “I approve” in the body of the email or physical signatures will be accepted authorizations.

**Animal Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Animals** | **Stock # (JAX) or Strain code (CR)** | **Full Species/Strain name** | **Sex** | **Age Range in weeks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Room location of Animals after Quarantine: |  |
| Researcher to be listed on Cage: |  |
| Do these animals have a compromised immune system? | Yes [ ]  No [ ]  Don’t Know [ ]  |
| Type of Housing (i.e. individual/group): |  |
| Special Housing Requirements(e.g. alternative enrichment, autoclaved water): |  |

|  |
| --- |
| **For ACU Use only** |
| Date: |
| Received By: |
| Reviewed Health Record Attached to Shipment: Yes [ ]  No [ ]  If not, why? |
| Record strain received as written on the shipping information sent: |
| # and sex of animals received: |
| Choose One:Full order received: [ ]  Partial order received: [ ]  |
| Emailed arrival of animals:Principle Investigator [ ] Researcher [ ] Veterinarian [ ] AHT Coordinator [ ]  |
| Attach following documents:* Health records from vendor
* Strain information from vendor
 |
| Documents verified by: Date: |