![uv_csq_colour[1]]()**Animal Care services**

**FOR ADMINISTRATION USE**

🞎 Space available in ACU facility

🞎 Protocol approved and active

Date submitted

**Office of Research Services**

Michael Williams Building, Room B202

PO Box 1700 STN CSC

Victoria BC V8W 2Y2

**Non-Commercial Supplier Animal Order Form**

This form may be typed or handwritten. We do not accept phone requests. Requests for receiving animals **must** have a current approved protocol by the Animal Care Committee. Email the completed form to **animalorders@uvic.ca****. The authorizing signatory is responsible for all shipping costs, unless otherwise indicated.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  |  | **For ACU use:** |
| **Principal Investigator (PI):** |  | Expected Animal Arrival date: |
| **Protocol Number:** |  |
| **UVIC Contact Name:** |  | Animals Received date: |
| **UVIC Contact’s Phone #:** |  |
| Completed: [ ]  |
| **UVIC Contact’s Email:** |  |
| **Arrival Date Requested:** |  |
| **FAST Acct. (10 digit)** |  |
| **Institute/PI Responsible for Shipping Expenses:** | [ ]  UVIC PI[ ]  Shipping institute |
| **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. |
| **SHIPPING INSTITUTE** |
| **Institution Name or Collaborating Facility:** |  |
| **PI Name:** |  |
| **PI’s email:** |  |
| **Vivarium Contact Name:**  |  |
| **Vivarium Contact Email:** |  |
| **Vivarium contact Phone #:** |  |
| **Is Material Transfer Agreement Required: Yes** [ ]  **No** [ ]  **Don’t Know** [ ]  |

**Animal Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Animals** | **Species/Strain** | **Sex** | **Age** | **Weight** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Special Requirements (optional):** |  |

See page 2 for further details.

|  |  |
| --- | --- |
| **Room location of animals after quarantine:** |  |
| **Researcher to be listed on cage:** |  |
| **Type of housing (i.e. individual / group)** |  |

* ***A current health report (within the last 120 days) must be provided with this request and must contain information about the serology, parasitology, histology and bacteriology related to the sentinel program associated with the requested transfer animals.***
* ***Once the shipment has been approved by the University of Victoria’s Veterinary Director, the University of Victoria’s contact person may make arrangements with the AHT Coordinator*** ***animalorders@uvic.ca*** ***for the shipment of the animals to the ACU facility. Animals must not be sent prior to approval.***
* ***Animals imported from non-commercial sources may be subject to additional quarantine and health testing. Researchers will be responsible for these costs. Contact*** ***animalorders@uvic.ca*** ***for further details.***

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| --- |
| **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: |