

**University Animal Care Committee (UACC)**

**Appendix C - Request to Obtain Animals from Other Institutions**

**\*\*Note: Do not arrange shipment of animals without approval from a USask UACC Veterinarian\*\***

**USask Researcher Requesting Animals:**

1. Complete **Parts A & B** and email a copy to your **collaborator** and to the UACC Animal Order Desk (AOD).

**Collaborator at Source Institution:**

1. Complete **Parts C & D** and email to the **AOD****.**
2. **In addition**, have your veterinarian send the following information by email to the UACC Veterinarian.
3. A recent viral serology and parasitology evaluation from the room/area where the animals are housed (no less than 3 months old) **plus** an 18-month room history summary where available.
4. A statement indicating any current or past health issues in the area where the animals are housed.
5. Housing system in use for these animals (conventional, micro-isolator, sterile technique in hood, etc.).
6. For rodents: A note whether the room is tested for Helicobacter spp. and mouse norovirus (MNV).

**NOTE:** USask **will not** accept rodents shipped from other institutions until all requested animal health information has been received and approved by a USask UACC Veterinarian. Once shipment is approved, AOD will notify the source institution so they can initiate shipping arrangements.

|  |
| --- |
| **Part A - USask Investigator Requesting Animals** |
| **Approved AUP**  |       | **Last Name** |       | **First Name** |       |
| **Department** |       | **Building** |       | **Room #** |       |
| **Email** |       | **Phone #** |       | **Laboratory Phone#** |       |

|  |
| --- |
| **Part B - Animal Information** |
| **Species** |       | **Strain** |       |
| **Where will these animals be housed?** |       |
| **Number of Males** |       | **Number of Females** |       | **Total Number Expected** |       |
| **Is special care required?** If yes, please describe. Yes [ ]  No [ ]  |  |

|  |
| --- |
| **Part C - Source of Animals and Veterinary Contact** |
| **Collaborator Name** |       | **Email** |       | **Phone #** |       |
| **Institution** |       | **Address** |       |
| **Source Veterinarian** |       | **Phone #** |       |

|  |
| --- |
| **Part D - Animal Shipping Contact at Source Institution** |
| **Name** |       | **Email** |       | **Phone #** |       |

**Submit to Animal Order Desk**: animal.orderdesk@usask.ca

|  |
| --- |
| **Part E - For UACC Use Only - Do Not Enter Information In This Section**  |
| **Date Health Information Received** | Select | **Comments** |  |
| **Date Shipment Approved** | Select | **UACC Veterinarian** |       |
| **Actual Number of Animals shipped** |       | **Date animals received** | Select |