

**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](mailto:animal.orderdesk@usask.ca) (AOD).

**Collaborator at Source Institution:**

1. Complete **Parts C & D** and email to the [**AOD**](mailto:animal.orderdesk@usask.ca)**.**
2. **In addition**, have your veterinarian send the following information by email to the [UACC Veterinarian](mailto:uacc_veterinarians@usask.ca).
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](mailto:animal.orderdesk@usask.ca) will notify the source institution so they can initiate shipping arrangements.

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

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| **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 | | | |  | |

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

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

**Submit to Animal Order Desk**: [animal.orderdesk@usask.ca](mailto:animal.orderdesk@usask.ca)

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| **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 |