

REQUEST TO IMPORT MOUSE/RAT TO UBC FACILITIES FROM NON-COMMERCIAL SOURCES

**SECTIONS 1 & 2 to be completed by UBC researcher and sent to exporting institution.
SECTION 3 to be completed by exporting institution and sent to anca.orders@ubc.ca.**

Please complete this form electronically and **email to anca.orders@ubc.ca with the UBC principal investigator's name in the subject**. Use this form for mouse/rat imports to any UBC destination facility (including alternate use spaces) from a non-commercial source (see [UBC ACC Policy 28 and Guidelines](#) for details). The health status of the exporting institution will determine if animals qualify for direct entry, quarantine and testing, or if alternate procedures are required. Further testing may be required at the expense of the receiving investigator.

SECTION 1: UBC CONTACT INFORMATION

To be completed by UBC researcher

Date of request:

UBC principal investigator name:

Contact person for this request:

Phone:

Email:

Protocol #:

Grant #:

UBC destination facility:

Is the destination approved by the UBC ACC for housing this species? ☐ Yes ☐ No ☐ Pending

Exporting institution name:

City and country of exporting institution:

Exporting institution contact person:

Exporting institution contact Phone: Email:

SECTION 2: ANIMAL DETAILS

To be completed by UBC researcher and sent to exporting institution

Species: # of animals:

Strain:

Colony name:

Sex:

Age:

Animal origin: ☐ Captive bred ☐ Unknown ☐ Other:

If additional testing is required, will you be responsible for covering the cost? ☐ Yes ☐ No

Notes:

Non-Commercial Source Rodent Request Questionnaire

SECTION 3: ANIMAL FACILITY INFORMATION

To be completed by exporting institution and emailed to anca.orders@ubc.ca.
Please include 12 months of facility health reports outlining any outbreaks.

ANIMAL FACILITY HOUSING INFO

Exporting institution contact person: (to answer animal health status questions, Veterinarian, import/export coordinator, facility manager)		Contact phone:	
		Contact email:	
Facility type: <input type="checkbox"/> Conventional <input type="checkbox"/> Barrier		Total # of rooms in facility:	
Room # of animal housing:		Date of most recent animal shipment to this room:	
Are there multiple animal holding rooms within the animal facility?		If yes, which room number is this shipment coming from? <div><input type="checkbox"/> Yes → <input type="checkbox"/> No</div>	
Bedding <input type="checkbox"/> Irradiated <input type="checkbox"/> Autoclaved	Water <input type="checkbox"/> Tap (untreated) <input type="checkbox"/> Acidified	Food <input type="checkbox"/> Non-sterile <input type="checkbox"/> Irradiated <input type="checkbox"/> Autoclaved	Caging <input type="checkbox"/> Open wire <input type="checkbox"/> Static micro-isolator <input type="checkbox"/> Ventilated rack
Are cages autoclaved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a quarantine room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is quarantine used for all incoming shipments of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are biologicals used in the facility?		<div><input type="checkbox"/> Yes → If yes, are they tested before entry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No → If no, is biological given to animals in an isolated area? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
Is personnel access controlled/restricted in the vivarium?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Who has access to the vivarium? (Check all that apply)		<input type="checkbox"/> Facility staff <input type="checkbox"/> Researchers <input type="checkbox"/> Other:	
What clothing or PPE must be worn in the facility?		<div><input type="checkbox"/> Scrubs <input type="checkbox"/> Masks <input type="checkbox"/> Gowns over scrubs <input type="checkbox"/> Caps <input type="checkbox"/> Dedicated footwear/booties <input type="checkbox"/> Gloves <input type="checkbox"/> None</div>	
COLONY HEALTH INFO If you have a document that answers all the questions below, please attach it to this form.			
Is health monitoring performed on quarantine animals?		If yes, at what point after arrival? <div><input type="checkbox"/> Yes → <input type="checkbox"/> No</div>	
If no quarantine, how are imports from non-commercial sources processed?			
What sources can your animals come from? <input type="checkbox"/> Commercial <input type="checkbox"/> Non-commercial (collaborator)			
What is the approximate number of annual animal shipments received at your facility?			
Can animals return to the animal facility after leaving?		<div><input type="checkbox"/> Yes → If yes, are they quarantined before return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No</div>	
Health testing (check all that apply) <div><input type="checkbox"/> Sentinels <input type="checkbox"/> Sentinel-free soiled bedding</div>			



☐ Direct Colony Sampling ☐ Exhaust Duct Testing (eg. Plenum) ☐ Other:

Please provide your colony exclusion list and the organisms you accept into your facility/room.

SENTINEL HEALTH TESTING QUESTIONS (IF SENTINEL TESTING IS PERFORMED)

Describe health surveillance program by answering questions below, if applicable.

Age of Sentinel:

Strain of Sentinel:

☐ Dirty bedding transfer to cage ☐ Mix of dirty bedding transfer and random animals

What is the monitored cage to sentinel cage ratio?

If dirty bedding is transferred to sentinel cage, then answer questions below.

What is the amount of dirty bedding transferred from monitored cages to health surveillance cage?

Frequency of transfer? (e.g. at each cage change)

Is dirty bedding transferred from every cage at each cage change? ☐ Yes ☐ No

NON-SENTINEL TESTING QUESTIONS

Please describe testing details or attach SOPs/summaries.

GENERAL HEALTH TESTING QUESTIONS

Which diagnostic lab performs your health testing?

List panel/package(s) used for health testing

Frequency of health testing for each panel/package

☐ Quarterly ☐ Tri-annually ☐ Annually ☐ Other:

☐ Quarterly ☐ Tri-annually ☐ Annually ☐ Other:

☐ Quarterly ☐ Tri-annually ☐ Annually ☐ Other:

☐ Quarterly ☐ Tri-annually ☐ Annually ☐ Other:

Endoparasite testing ☐ PCR ☐ Other:

Animals tested:

Ectoparasite testing ☐ PCR ☐ Other:

Animals tested:

List all positives from your exclusion list that have affected the animal facility in the previous 5 years:

What actions were taken?

Additional comments: