**APPLICATION FOR IMPORTATION OF**

**EXPERIMENTAL ANIMALS FROM FACILITIES OUTSIDE OF HKUST**

1. (i) APPLICANT (Principal Investigator): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Tel. No. |  |
| Department: |  | Fax. No. |  |
| Post |  | E-mail Address: |  |

(ii) Contact Person (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Tel. No. |  |
| Department: |  | Fax. No. |  |
| Post |  | E-mail Address: |  |

Animal Holding in Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incoming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ANIMAL DETAILS:
2. The animals to be relocated from other local facility are currently held in (please tick)

Minimal Disease Area

Specified Pathogen Free Area

Conventional Area

Other location (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please complete the table below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Species | Strain  (Full Nomenclature) | Quantity | Sex | DOB/ Age | AEC# | Room No. | Animal/ Cages No. |
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AEC Animal Ethic Committee

Please provide health certificate of the room/animals.

1. CONTACT DETAILS OF THE LOCAL FACILITY/INSTITUTION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Name |  | | |
| Facility | Name |  | | |
| Address |  | | |
| Tel. No. |  | Fax. No. |  |
| Contact Person | Name |  | E-mail Address |  |
| Tel. No. |  | Fax. No. |  |
| Collaborator  (please tick) | Name |  | Department |  |
| Post |  | E-mail Address |  |
| Tel. No. |  | Fax. No. |  |
| Non-Collaborator  (please tick) | Name |  | Department |  |
| Post |  | E-mail Address |  |
| Tel. No. |  | Fax. No. |  |

1. DECLARATION: To be completed by user

|  |
| --- |
| I shall comply fully with the APCF SOP: “H-001 Rodent Importation and quarantine”  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. PI APPROVAL – to be completed by Principal Investigator

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| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. APCF APPROVAL – to be completed by the Director of APCF or his designate

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| --- |
| To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your application is  accepted  amended (See remark)  rejected  Remark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Director of APCF) |