**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

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

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

|  |
| --- |
| To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your application is [ ]  accepted [ ]  amended (See remark) [ ]  rejectedRemark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Director of APCF) |