**Animal Transfer Request Form**

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| Requested By: |  | Jane Smith |  | Date Needed By: |  | 9/1/2023 |

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| **TRANSFER FROM** | | | |
| Principal Investigator: | John Doe | Contact: | Phone or email |
| Transfer **from** Protocol #: | 12-345 | Room: | Current Room Number |

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| --- | --- | --- | --- | --- |
| Quantity  (e.g., 1/2, 3/3) | Cage Number | Strain | Sex  (F, M, F/M) | Animal(s) Used Before? (Y/N) |
| 2/2 | 123 | C57BL/6 | F | N |
| 2/3 | 456 | NSG | M | N |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| **TRANSFER TO** | | | |
| Principal Investigator: | John Doe | Contact: | Phone or email |
| Transfer **to** Protocol #: | 54-321 | Room: | Room Where Animals Need to be Housed |

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| **SUPPLEMENTAL INFO** (when applicable) | |
| List Procedures: | Only if you answered Yes (Y) in the table above |
| Special Instructions: | Example: Transfer to be completed by Vivarium Staff |

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| **Requestor’s Signature:** |  | Signature of Person Completing the Form | Date: |  |

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| **Transfer between different PI’s** | | |  |  |
| **Recipient Signature** |  | Only needed when transferring to a new PI | Date: |  |
| ***I hereby attest that I have read and understand the IACUC Policy: Transfer of Animals***  ***Between Protocols and agree to abide by the terms and conditions set therein.***  ***I hereby attest that I have read and understand the IACUC Policy: Transfer of Animals Between Protocols and agree to abide by the terms and conditions set therein.*** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VIVARIUM USE** | | | | |
| Vivarium Review and Approval Completed By: | |  | | |
| Database Updated By: |  | | Date: |  |
| Notes: |  |  | |  |