

Animal Transfer Request
(One species per form)

DONOR PROTOCOL

Donor Name (P.I.): _____

Department: _____

Telephone Extension: _____ eMail: _____

IACUC Approved Project Number: _____

Date of Request: _____ Date Transfer Desired: _____

Species/Breed: _____

Quantity: _____ Sex: _____ Age: _____

Have these animals experienced experimental procedures?

NO. Animals have only been in residence.

YES. If Yes, What experimental procedure(s) have these animals experienced?

Signature of Donor: _____

RECEPIENT PROTOCOL

Recipient Faculty Name (P.I.): _____

Department: _____

Telephone Extension: _____ eMail: _____

IACUC Approved Project Number: _____

Number of animals approved for the project: _____

Species/Breed: _____

Total of animals previously purchased and transferred to the project: _____

What experimental procedure(s) will these animals experience?

Signature of Recipient: _____

For Veterinarian Use Only:

Animal Transfer Request approved? [] Yes [] No