

REQUEST FOR TRANSFER OF ANIMALS

ANIMAL INFORMATION	
Species:	Animal ID #:
Strain:	Quantity:
Sex:	Total # Cages:
Weight/Age/DOB:	Housed in Room #:
Vendor Name:	Date Received:
Or, were animals born here: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have experiments been performed on these animals? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, briefly describe:	

FROM:	
Principal Investigator:	Request Submission Date:
Alias:	Protocol Number:
Lab Contact Name:	Phone:
Email:	Fax:

TO:	
Principal Investigator:	
Alias:	Protocol Number:
Lab Contact Name:	Request to MOVE to Rm #:
Email:	Phone:
Once approved, who will be moving the animals: Investigator/Lab Member <input type="checkbox"/> DCM <input type="checkbox"/>	
Requested Date of Transfer: _____	

Office Use: **Transfer Charge for Changing PI or Protocol: \$22.00:**
- No charge for transfers involving a room change only
- Transfers requiring a vehicle will be assessed a charge for time/mileage

Protocol Adjusted: _____ Approved for Transfer: _____ DCM Signature: _____

Billing Entered: _____

Database Updated: _____ Comments: _____

Copies to: _____

NOT APPROVED Reason: _____