**ANIMAL TRANSFER FORM**

The transfer of animals from one protocol to another must be tracked for animal usage. Please complete this form in its entirety and return to Lora Nicholson, Regulatory Affairs Coordinator, in the Comparative Medicine Unit Office, V-110. ***NOTE: Any animals used in Category “E” Procedures (as described in the “Request to Use Animals” form), may not be transferred to any other protocol.***

Written verification of IACUC approval will be electronically forwarded to all involved parties. The CMU and research staffs will make the necessary transfers on all associated paperwork.

**DONOR PROTOCOL INFORMATION**

|  |  |
| --- | --- |
| **PI Name (Donor):** |  |
| **PI Protocol # (Donor):** |  |
| **Species Being Donated:** |  |
| **# of Animals Transferred:** |  |
| **Animal Housing Room #:** |  |
| **Procedure(s) Performed on Animals(s):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Donor PI Signature:** |  | **Date:** |  |

**RECIPIENT PROTOCOL INFORMATION**

|  |  |
| --- | --- |
| **PI Name (Recipient):** |  |
| **PI Protocol # (Recipient):** |  |
| **Animal Housing Room #:** |  |
| **Specific Procedure(s) to be Performed on the Animals(s):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recipient PI Signature:** |  | **Date:** |  |
| By signing above, I verify the animals being transferred to my name will be used in accordance with the previously approved procedures listed in my protocol # identified above. I further verify that animals used in any pain or distress procedures on the donor protocol will not be subjected to any other pain or distress producing procedure unless it is performed under complete surgical anesthesia from which the animal will not recover. | | | |

**For IACUC Office Use Only**

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| --- | --- | --- | --- |
| **IACUC Approval Signature:** |  | **Date:** |  |
| **IACUC Position Title:** |  | | |