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: ________________________________

Version Date: 1/30/2018
RECIPIENT 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

Version Date: 1/30/2018