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?

[ ] Yes  [ ] No

Signature of Recipient: ________________________________

For Veterinarian Use Only:

Animal Transfer Request approved?