

Animal Transfer Request
(One species per form)

DONOR PROTOCOL

DonorName (P.I.): _____

Department: _____

Telephone Extension: _____ eMail: _____

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