

Animal Transfer Request  
(One species per form)

DONOR PROTOCOL

DonorName (P.I.): \_\_\_\_\_

Department: \_\_\_\_\_

Telephone Extension: \_\_\_\_\_ eMail: \_\_\_\_\_

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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