Internal Transfer Form  Division of Laboratory Animal Medicine

Instructions: Complete Section A and Section B for new cards to transfer animals to another researcher and/or another animal facility. Be sure to include account numbers!

Deliver the completed form to Pam Revels or Jessica Marshal in UB11Genetics Medicine Building or fax it to 966-1273. Cage cards available in 72 hours after approval.

A. Transfer FROM Information

Current PI's Name ___________________________ IACUC Protocol Number ______

Last   First

Department Name ___________________________ Date of Request _____________

Requestor/Contact Name ______________________ Telephone Number __________

Email Address ______________________________ Fax Number __________________

Animal Facility ________________ Animal Room # ______ DLAM to Move? Y ☐ N ☐

Current Caging Type (please circle): Sterilized Mouse Hot Washed Mouse Micro Regular Mouse Single Mouse Rat Cage Sterilized Rat Single Rat Other (specify) ______________

Cage Card Numbers of Cages to be Transferred. ____________________________________________

(cage card number is located next to bar code)

__________________________

Principal Investigator’s Signature

Your signature indicates that you are authorizing this transfer.

B. Transfer TO Information

New PI's Name: ___________________________ IACUC Protocol Number: ______

Department Name: ___________________________ Date of Request: _____________

Requester/Contact Name: ______________________ Telephone Number: __________

Email Address: ______________________________ Fax Number: __________________

Animal Facility: ___________________________ Animal Room #: _______________

New Caging Type (please circle): Sterilized Mouse Hot Washed Mouse Micro Regular Mouse Single Mouse Rat Cage Sterilized Rat Single Rat Other (specify) ______________

Account Number to Charge Animal Housing Costs: ______________

__________________________

Principal Investigator’s Signature

Your signature indicates that you are responsible for the use of these animals, as well as associated costs.

For DLAM Use Only

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Approved By</th>
<th>Date Completed</th>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cage Card Numbers