

	Document Title Animal Transfer Request Form			Document ID FM-0023	DCO ID 15-234
	Department CLAS	Type FORM	Status EFFECTIVE	Date 17AUG2015	Page 1 of 1

Animal Transfer Request Form

Phone: 704-250-2671 Fax: 704-250-2609

Date Request Submitted: _____

Date Needed By: _____ Requested By: _____

TRANSFER FROM

Primary Investigator: _____ Department: _____

Phone: _____ Email: _____

Transfer From Protocol #: _____ Quantity or Cage Numbers: _____

Weight Range: _____ Species: _____

Strain: _____

Sex (M/F): _____ Age: _____

Have animals been used before?
If so, list procedures:

Primary Investigator Name: _____ Signature: _____

TRANSFER TO

Primary Investigator: _____ Department: _____

Phone: _____ Email: _____

Transfer To Protocol #: _____

Primary Investigator Name: _____ Signature: _____

SPECIAL INSTRUCTIONS

CLAS USE ONLY

Animals Transferred By: _____ Date: _____ Time: _____

Transfer From P.I. Notified By: _____ Method of Communication: _____

Transfer To P.I. Notified By: _____ Method of Communication: _____