

Internal/NIH/IC Rodent Transfer Request Form

Sending Investigator				Date Request Submitted: _____			
Principal Investigator *		IC/Lab/Branch		ASP # *		CAN	
Point of Contact		Email		Building/Room #		Phone #	
Sending Animal Facility & Animal Information				Date Request Processed: _____			
Animals currently housed in:		Bldg. #		Room #		Requested Transfer Date: _____	
						Critical Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:							
Species		Strain		Sex: M <input type="checkbox"/> F <input type="checkbox"/> Pairs <input type="checkbox"/>		# of cages	# of animals
Rack		ID #					
Species		Strain		Sex: M <input type="checkbox"/> F <input type="checkbox"/> Pairs <input type="checkbox"/>		# of cages	# of animals
Rack		ID #					
Species		Strain		Sex: M <input type="checkbox"/> F <input type="checkbox"/> Pairs <input type="checkbox"/>		# of cages	# of animals
Rack		ID #					
Are the animals hazardous? Yes <input type="checkbox"/> No <input type="checkbox"/>				Special handling/housing requirements (i.e. sterile caging) _____			
Are the animals immunocompetent? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
Sending Facility Veterinarian Name: _____				Telephone _____			
Sending Facility Manager/Shipping Coordinator Name: _____				Telephone _____		Transfer Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments/Requirements:							
Receiving Investigator (if same as sending, check here) <input type="checkbox"/>				Date Request Submitted: _____			
Principal Investigator *		IC/Lab/Branch		ASP # *		CAN	
Point of Contact		Email		Building/Room #		Phone #	
Receiving Animal Facility Contact & Animal Housing Information				Date Request Processed: _____			
Bldg. #		Room #		Rack		Cage #	
Receiving Facility Veterinarian Name: _____				Transfer Is Approved Yes <input type="checkbox"/> No <input type="checkbox"/>		Quarantine Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature: _____						Location: _____	
Receiving Facility Manager/Shipping Coordinator Name: _____				Transfer Is Approved Yes <input type="checkbox"/> No <input type="checkbox"/>		Agreed Upon Transfer Date: _____	
Signature: _____							
Receiving IC Veterinarian/or Designee Approval Yes <input type="checkbox"/> No <input type="checkbox"/>							
Name: _____				Signature: _____			
Date Animals Received and Condition on Arrival: _____		Receiving Technician _____		Investigator Informed of Arrival: _____			
Comments/Requirements: (length of quarantine, etc.)							

- The sending investigator must identify cages housing the animal(s) to be shipped.
- The sending facility manager will coordinate examination of the animals by the facility veterinarian when required and will ensure the receiving veterinary staff receives appropriate animal health information if requested.
- * If not the same, the PI must notify the IC ACUC of transfer.