

University of North Texas Health Science Center

Department of Laboratory Animal Medicine Internal Animal Transfer Request/Record

Instructions

1. This form can be use for transferring animals investigator-to-investigator (*new cage cards must be requested*), facility-to-facility, or from protocol number to protocol number for a single investigator. If the request is facility to facility write "SAME" in the 'New Investigator' fields and indicate which facility the animals are to be moved.
2. All the fields must be completed to facilitate the transfer processes.
3. Specify the cage(s) to be transferred by LABELING each CLEARLY.
4. Return the completed form to DLAM Facility Supervisor in the DLAM Office (RES- 002) or via fax X2406.

Original Investigator Information	New Investigator Information
PI Name/Department:	PI Name/Department:
PI Signature:	PI Signature:
Contact Name/Phone :	Contact Name/Phone:
Protocol Number:	Protocol Number:
Recharge ID:	Recharge ID:
# Animals/Cages:	# Animals/Cages:
Current Facility/Room #:	Requested Facility/Room#:
Vendor/Source:	Request Date of Transfer:
Species:	Strain:
	Sex:
Facility Manager Signature:	Facility Manager Signature:

Comments:

FOR DLAM USE ONLY

‘Original’ PI, Facility, and or Room Sentinel Information

M/YR	Ectro	EDIM	LCM	MHV	M. pul	MPV	PVM	REO	Sendai	GDVII	MVM	Mites	Asp	Syph

‘NEW’ PI, Facility, and or Room Sentinel Information

M/YR	Ectro	EDIM	LCM	MHV	M. pul	MPV	PVM	REO	Sendai	GDVII	MVM	Mites	Asp	Syph

Transfer completed by:	Date transferred:
Investigator Notified:	Contact's name: