T- _____

## Non-USDA Covered Animal Transfer Form (for frogs, mice and rats)

**TRANSFER FROM:** Principal Investigator_____

Protocol Number _____ Account Number _____

**Authorizing Person*** (print name)_____Signature_____

Phone Number _____ Housing Area_____

Any previous surgeries/procedures performed on these animals: **YES** **NO**

List All_____

**ANIMAL SPECIFICATIONS: Species** _____ **Quantity of Animals (Specify M/F)** _____

**Vendor Source** _____ **Strain** _____ **Quantity of Cages** _____

**TRANSFER TO:** Principal Investigator _____

**Authorizing Person*** (print name)_____Signature _____

Protocol Number_____

**I certify that this animal use is covered by this approved animal protocol and is supported by this project. YES NO**

***Contact Person:***

_____ _____ _____

(Name) (Phone Number) (Email Address)

Date Animals Needed_____Housing Area_____

Cage Type (Circle One) **SMI** **Conventional** **PIV**

**LAMS WILL TRANSFER**

**Hazardous Materials Information – Circle One (MANDATORY): NO YES**

**IACUC Pain Classification: (PLEASE CIRCLE ONE)**

**(C) No pain or distress** **(D) Pain/distress plus analgesics** **(E) Pain/distress and no analgesics**

***NOTE: Unless restricted by PI, anyone listed on an IACUC protocol may authorize for that protocol.**

**BILLING INFORMATION**

Fund:_____ Cost Center:_____ Function Area:_____

Grant/ Internal Order #:_____

Department Head or Business Mgr. Signature (required or order will not be placed)

Print Name: _____ Signature: _____

**LAMS Office Use Only**

**Request Approved: Yes**_____**No**_____**Date**_____

**LAMS Approval Signature:** _____

**Quantity of Animals:**_____**Quantity of Cages:**_____**Date Request Received:** _____

**Received By:** _____

LAMS Account #:_____ Sirius Requisition#_____