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# ___________________________