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 | formation | | | Date Request Processed: | | | | | | | | | | |
| Animals currently housed in: | Bldg. # | Room # | Requested Comments | | Critical: Yes No | | | | | | | | | |
| Species | | | Strain Sex: M F Pairs | | | # of cages # of animal | | | | imals | Rack | ID# | | |
| Species | | | Strain | train Sex: M F Pairs | | | # of cages # of anima | | | | Rack | ID# | | |
| Species | | | Strain | Sex: M F | M F Pairs | | | ages | # of an | imals | Rack | ID# | | |
| Are the animals hazardous? Yes No | | | | | | Special handling/housing requirements (i.e. sterile caging) | | | | | | | | |
| Are the animals immunocompetent? Yes No Unknown Sending Facility Veterinarian Signature not required Name: Telep | | | | | | hone | | | | | | | | |
| Sending Facility Manne: | anager/Ship | nator | Telepho | ephone Transfer App | | | proved: Yes No | | | | | | | |
| Comments/Requirements: | | | | | | | | | | | | | | |
| Receiving Investigator (if same as sending, check here) | | | | | | Date Request Submitted: | | | | | | | | |
| Principal Investigator * | | | IC/Lab/Bra | | ASP #* | | | | CAN | | | | | |
| Point of Contact | | | Email | | | Building/Room # | | | | Ph | Phone # | | | |
| Receiving Animal Facility Contact & Animal Housing Information | | | | | | | Date Request Processed: | | | | | | | |
| Bldg. # | | | Room # | | | Rack | | | | Са | Cage # | | | |
| Receiving Facility Veterinarian Name: Signature: | | | | | | Transfer Is Approved Yes No | | | | Ye | Quarantine Required Yes No Location: | | | |
| Receiving Facility Manager/Shipping Coordinator | | | | | | Transfer Is Approved | | | | | Agreed Upon Transfer Date: | | | |
| Name: Signature: | | | | | | Yes | No | 0 | | | | | | |
| Receiving IC Veterinarian/or Designee Approval Yes No Name: Signature: | | | | | | | | | | | | | | |
| Date Animals Received and Condition on Arrival: Receiving Technician | | | | | | | Investigator Informed of Arrival: | | | | | | | |
| Comments/Require | 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.