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**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# \_\_\_\_\_