

**ANIMAL TRANSFER FORM**

**Location:**

55 Claverick       Coro West       Coro Barrier       MH/RIH MAIN

Number of animals: \_\_\_\_\_

Species: \_\_\_\_\_

Animal Identification/Animal#: \_\_\_\_\_

Animal Room #: \_\_\_\_\_

LabTracks Cage Card #(s): \_\_\_\_\_

Gender: \_\_\_\_\_

Strain: \_\_\_\_\_

Age/Type: \_\_\_\_\_

**FROM (Transferring):**

**TO (Receiving):**

P.I. \_\_\_\_\_       \_\_\_\_\_

CMTT # \_\_\_\_\_       \_\_\_\_\_

Department: \_\_\_\_\_

Cost Center: \_\_\_\_\_       \_\_\_\_\_

Signature: \_\_\_\_\_  
*of PI or Designated Personnel*

Date PI Signed: \_\_\_\_\_

Verified by designee: \_\_\_\_\_

*NOTE: Transfer requests must be verified by designee prior to animals being transferred and used. Once all information is verified and correct, a signed form will be sent to the PI verifying that the transfer has been accepted and they may use the animals.*

***CRF will update the cage cards from the information provided here, so please be sure to provide enough detail to identify all cages being transferred. You will be contacted if CRF cannot process this request.***

Remarks: \_\_\_\_\_

Entered into Database by designee: \_\_\_\_\_ Date \_\_\_\_\_

All transfer paperwork must be filled out completely and verified by designee prior to animals being transferred and used by the other protocol. If you have any questions, please contact 444-6350.

**Fax completed form to 444-4195 or email to [ahemendinger@lifespan.org](mailto:ahemendinger@lifespan.org)**