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#: ______________________