

**UNIVERSITY OF ROCHESTER
VIVARIUM DEPARTMENT AND DIVISION OF LAB ANIMAL MEDICINE
ANIMAL TRANSFER FORM**

YOU WILL BE NOTIFIED WHEN TRANSFER IS APPROVED. ANIMALS MAY NOT BE USED UNTIL TRANSFER IS APPROVED

Transfer process takes approximately 2-3 days

IS THERE AN ANIMAL MOVEMENT PROPOSAL FORM CONNECTED WITH THIS TRANSFER FORM - YES _____ NO _____

ANIMAL MOVEMENT PROPOSAL FORM WILL NOT BE PROCESSED UNTIL ANIMAL TRANSFER FORM IS APPROVED

HAVE THESE ANIMALS BEEN USED EXPERIMENTALLY
YES _____ NO _____ IF YES, PLEASE EXPLAIN HOW? _____

I.D. NUMBERS (IF ANY): _____

SPECIES: _____ SEX: _____ STRAIN: _____

SOURCE: _____

ARRIVAL DATE: _____ ARRIVAL WT OR AGE: _____

ROOM NUMBER: _____

NUMBER OF ANIMALS: _____ NUMBER OF CAGES: _____

CURRENT INVESTIGATOR: _____

TELEPHONE NUMBER: _____

CURRENT DEPARTMENT: _____

CURRENT UCAR NO.: _____ CURRENT ACCOUNT NO.: _____

NEW INVESTIGATOR: _____

TELEPHONE NUMBER: _____

NEW DEPARTMENT: _____

NEW UCAR NO.: _____ NEW ACCOUNT NO.: _____

PERSON MAKING REQUEST AND DATE: _____

All cages to be transferred will receive new cage cards with the new PI name and UCAR #, unless cage labels requested.

Original investigator is responsible for picking up new cage cards/ labels and placing them on the appropriate cages or is responsible for marking cages "Transferred to _____". Original cage cards marked "Transferred to _____" must be returned to the Vivarium office.

NUMBER OF NEW CAGE CARDS NEEDED: _____ or NUMBER OF LABELS NEEDED: _____

INTERNAL USE ONLY: PLEASE INITIAL AND DATE YOUR SIGN-OFF

VET APPROVAL NEEDED: NO _____ YES _____ ⇒ (FORWARD TO VET OFFICE)

VET INITIAL _____ DATE _____

ORDERING AND RECEIVING CLERK: INITIALS _____ DATE _____

VERIFIED UCAR #: YES _____ NO _____ ⇒ (FORWARD TO UCAR OFFICE) INITIAL _____ DATE _____

PROCESS ORDER ⇒ DESIRED HOUSING _____ 1-WAY OR 2-WAY ROOM _____

PRINTED NEW CAGE CARDS: YES _____ CAGE LABELS REQUESTED _____ DATE _____

VIVARIUM DATA CONTROL: INITIALS _____ DATE _____

VIVARIUM SECRETARY: DATA ENTERED in appropriate regulated animal log: INITIALS _____ DATE _____

NOTIFY INVESTIGATOR _____ CAGE CARDS TAKEN _____

RETURN TO UCAR OFFICE

