

**UNIVERSITY OF ROCHESTER
ANIMAL RESOURCE TRANSFER FORM**

Transfer process takes approximately 2-3 business days.
YOU WILL BE CONTACTED WHEN THE TRANSFER IS APPROVED.
ANIMALS MAY NOT BE USED UNTIL TRANSFER HAS BEEN APPROVED.

DATE: _____ NAME PERSON MAKING REQUEST: _____

Change of account only. Please complete only information in this box.

PI Name: _____ All cages associated with current number being changed to new number **Y** or **N**
If no please provide a list of cage card numbers to change.

Current FAO # _____ New FAO # _____

Effective Date : _____

If a subset, please indicate if by room or protocol # a list of certain barcodes.

Transferring animals to another protocol number please complete information in this box.

CURRENT PI: _____ NEW PI: _____

CURRENT UCAR #: _____ NEW UCAR #: _____

NEW FAO# _____

IS THERE A MOVE FORM ASSOCIATED WITH THIS TRANSFER? (CHECK ONE) YES NO
(ANIMAL MOVES WILL NOT BE PROCESSED UNTIL TRANSFER HAS BEEN APPROVED)

HAVE THESE ANIMALS BEEN USED EXPERIMENTALLY? (CHECK ONE) YES NO
IF YES, PLEASE EXPLAIN HOW? _____

HAVE HAZARDOUS SUBSTANCES BEEN ADMINISTERED TO THESE ANIMALS? (CHECK ONE) YES NO

WILL HAZARDOUS SUBSTANCES BE ADMINISTERED TO THESE ANIMALS? (CHECK ONE) YES NO

ID #'S (IF ANY): _____ ROOM #: _____ SOURCE: _____

SPECIES: _____ SEX: _____ STRAIN: _____

ARRIVAL DATE OR DOB: _____

NUMBER OF ANIMALS: (REQUIRED) _____ NUMBER OF CAGES: _____

The number of new cage cards will equal this amount.

INTERNAL USE ONLY:

VET APPROVAL: (CIRCLE ONE) YES NO VET INITIAL: _____ DATE: _____

REGULATED ANIMAL SIGN OFF: _____ DATE: _____

PURCHASING COORDINATOR INITIALS: _____ DATE: _____

VIVARIUM SECRETARY INITIALS: _____ DATE PI NOTIFIED: _____ DATE CARDS TAKEN: _____