Cages to be moved
have been labeled
“Move” by: ______________________

To be moved by PI:

CAGES CANNOT BE MOVED UNTIL APPROVAL IS GIVEN

OR

Vivarium to move: ______________________

Date Submitted: ________________  Date of Proposed Move: ________________

Proposed By: ____________________  Phone Number: ____________________

Room Moving From: _______________  Room Moving To: _______________

Investigator: _____________________  Species: _______________________

Have these animals been exposed to hazards in the CURRENT room? [ ] Yes [ ] No
Hazard Name: __________________________
If yes, office staff will send copy to Dr. Moorman-White, DVM

Will these animals be exposed to hazards in the NEW room? [ ] Yes [ ] No
Hazard Name: __________________________
If yes, office staff will send copy to Dr. Moorman-White, DVM

__________________________________________    ___________________________
Vivarium Authorization signature and date     DLAM Veterinarian Authorization and date

<table>
<thead>
<tr>
<th>Cage Card Number</th>
<th>UCAR #</th>
<th>Destination Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rack # and Row #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To be completed by Vivarium Staff</td>
</tr>
</tbody>
</table>

Comments:___________________________________________________________________________
_________________________________________________________________________________

OFFICE USE ONLY:

__________________________________________    ____________________________
Viv Tech Signature OR Lab Tech Name  Date Completed: __________  Time Completed: __________

Investigator Notified the Move was completed or approved:
Person contacted ________________  Date Contacted ____________  Contacted by: ________________
Email or phone: __________________________