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 AND PHONE # OF PERSON MAKING REQUEST: _______________________________________

CURRENT PI: ________________________________ NEW PI: ________________________________

CURRENT UCAR #:___________________________  NEW UCAR #:____________________________

CURRENT ACCOUNT #:_______________________  NEW ACCOUNT #:________________________

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

HAVE THESE ANIMALS BEEN USED EXPERIMENTALLY? (CIRCLE ONE)   YES     NO

IF YES, PLEASE EXPLAIN HOW?___________________________________________________________

_________________________________________________________________________________________

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

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

ID #'S (IF ANY):____________      ROOM #:____________  SOURCE:______________________________

SPECIES:___________________     SEX:_______________  STRAIN:_______________________________

ARRIVAL DATE OR DOB:________________________

NUMBER OF ANIMALS: (REQUIRED)_______________    NUMBER OF CAGES:____________________

PLEASE CHOOSE ONE OF THE OPTIONS BELOW TO EITHER RECEIVE CAGE TAGS OR LABELS:

NUMBER OF NEW CAGE CARDS: ___________

IF YOU WOULD LIKE TO KEEP YOUR CURRENT CAGE CARDS, PLEASE PROVIDE A LIST OF THE
CURRENT BARCODES ON A SEPARATE SHEET OF PAPER AND WE WILL TRANSFER THE
BARCODES TO THE NEW LABELS. PLEASE PLACE NEW LABELS OVER OLD CAGE CARD
INFORMATION._____________

INTERNAL USE ONLY:

VET APPROVAL: (CIRCLE ONE)  YES         NO     VET INITIAL: ___________    DATE: _____________

PURCHASING COORDINATOR INITIALS: ___________         DATE: ______________

VIVARIUM SECRETARY INITIALS: _______________  DATE PI NOTIFIED: _________

DATE CARDS TAKEN: __________  DATE FORM RETURNED TO UCAR OFFICE:_____________