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: ___________

REGULATED ANIMAL SIGN OFF: __________________________ DATE: ___________

(Linda Johnstone)

PURCHASING COORDINATOR INITIALS: ___________ DATE: _____________

VIVARIUM SECRETARY INITIALS: ___________ DATE PI NOTIFIED: ___________

DATE CARDS TAKEN: ___________ DATE FORM RETURNED TO UCAR OFFICE: ___________