

**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: _____