

PROGRAM FOR ANIMAL RESOURCES INTERNAL ANIMAL TRANSFER FORM

Transfer Types: Protocol to Protocol. Account to Account.

Requirement: Approval signatures* by transferring and receiving PI/personnel.

Deliver completed form to PAR 105 or email to pshirley@ibt.tamhsc.edu

REQUESTOR DATA:

Investigator Name

Protocol #

Requestor Name

Phone

Date

ANIMAL INFORMATION:

Animal Species: _____

Strain/Breed: _____

Sex: Male _____ Female _____

Total # of Animals Transferred: _____

Previous Experimental Manipulations? _____ Yes _____ No

Description/Comments:

From:

To:

Investigator: _____

Investigator: _____

Protocol #: _____

Protocol #: _____

Animal Room#: _____

Animal Room#: _____

Contact Person: _____

Contact Person: _____

Phone: _____

Phone: _____

APPROVAL SIGNATURES:

* _____
Transferring PI/Personnel Date

PAR Veterinarian Date

* _____
Receiving PI/Personnel Date