

CAF Office Use Only

Received: _____ ACC/etc _____ Census _____

Animal Care Committee Use Only

Number of Animals Approved: _____

AUP Next Review Date: _____

AUP Expiry Date: _____

Approved by: _____



Animal Care Services Central Animal Facilities

Animal Transfer Request Form

CURRENT RESEARCH TEAM:

Principle Investigator _____ Department _____ Ext _____

Animal Utilization Protocol # _____ Title _____

Housing Unit _____ Room Number _____ CAF Request Number _____

Animals to be transferred:

If different from ORIGINAL AUP (as per the first purchase or usage of these animals), please list ORIGINAL AUP here: _____

| Qty | Species | Strain | Sex | Age/Weight | Date required |
|-----|---------|--------|-----|------------|---------------|
| | | | | | |
| | | | | | |

Please list procedures and category of invasiveness performed by the **SOURCE** research team. (Only C, D, E procedures)

Source PI Signature: _____

RECEIVING RESEARCH TEAM:

Principle Investigator _____ Department _____ Ext _____

Animal Utilization Protocol # _____ Title _____

Housing Unit _____ Room Number _____ CAF Request Number *** _____

Housing Instructions _____

***Receiving CAF Request must be a standing order to utilize this form. Otherwise a new CAF Animal Request must be completed.**Please list *proposed* procedures and category of invasiveness to be performed by the **RECEIVING** research team. (Only C, D, E procedures)

Receiving PI Signature: _____