

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: \_\_\_\_\_



# Campus Animal Facilities Central Animal Facility

## Animal Transfer Request Form

### CURRENT RESEARCH TEAM:

Principle Investigator \_\_\_\_\_ Department \_\_\_\_\_ Ext \_\_\_\_\_

Animal Utilization Protocol # \_\_\_\_\_ Title \_\_\_\_\_

Housing Unit \_\_\_\_\_ Room Number \_\_\_\_\_ CAF Request Number \_\_\_\_\_

Biohazard Permit # \_\_\_\_\_ RG1 or RG2 material to be used: \_\_\_\_\_  
(i.e. specific pathogen)

### **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 \_\_\_\_\_

Biohazard Permit # \_\_\_\_\_ RG1 or RG2 material to be used: \_\_\_\_\_  
(i.e. specific pathogen)Please list *proposed* procedures and category of invasiveness to be performed by the **RECEIVING** research team. (Only C, D, E procedures)

Receiving PI Signature: \_\_\_\_\_

**\*\*\*Receiving CAF Request must be a standing order to utilize this form. Otherwise a new CAF Animal Request must be completed. \*\*\***