WAYNE STATE UNIVERSITY

DIVISION OF LABORATORY ANIMAL RESOURCES

VETERINARY TECHNICAL SERVICES

Campus Animal Transfer Form

| TRANSFERING PI INFORMATION | | | |
|---|---|---|---|
| PI Name/Dept. | | Transfer Date Requested | |
| Protocol # Amendment # (if applicable) | | Transfer Time Requested | |
| PI Email Address | | Building Housed | |
| Phone # | | Room # Housed | |
| PI Authorized Personnel email/phone# | | | |
| **ANIMAL INFORMATION** | | | |
| Species | | | |
| Strain(s) | | | |
| # of animals | ( ☐ ) males ( ☐ ) females | | |
| # of source cages | | | |
| **RECEIVING PI INFORMATION** | | | |
| PI Name/Dept. | | DLAR Building housed | |
| Protocol # Amendment # (if applicable) | | Room # housed | |
| PI Email Address | | Phone # | |
| PI Authorized Personnel email/phone# | | | |

| | |
|---|---|
| Is this transfer approved in both PI's protocol? | |
| Are there any special conditions involved in this transfer? Biohazard ☐ /KŜYϭŎl·f ☐ Immunocompromised ☐ | |
| Are you requesting DLAR to transfer the animals? | |
| Will these animals be returned to their original DLAR housing area? | |

Cages containing hazards must be transported in a secondary container

**DLAR-VTS ONLY**

Health status verified ☐ Emailed PI's/ Building Leaders transfer approval ☐ VTS Staff: ________________________

Approved on protocol ☐