 **CAMPUS ANIMAL TRANSFER AND/OR TRANSPORT FORM**

1. ***Transfers*** – Notify the IACUC about a transfer of animals between protocols and/or PIs. Complete Section A, B and C and submit this form to IACUC@wayne.edu.
2. ***Transportation*** – Notify the DLAR VTS to request that DLAR transport animals between buildings on campus at *least 2 business days* before the required transport. Complete Section A, B and D and submit to dlarvts@wayne.edu.
3. ***Transfers with Transportation*** – Notify the IACUC about a transfer of animals between protocols and/or PIs that will involve transportation. Complete Section A, B, C and D submit this form to IACUC@wayne.edu. The IACUC will communicate with DLAR VTS. Transportation by the DLAR needs to be arranged at least *2 business days* before the required transport.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Section A: RECIPIENT PI INFORMATION** |  |
| Name/Department |  |       |  |
| Protocol # |  |       |  |
| Email/phone  |  |       |  |
|  |  | **Section B: ANIMAL INFORMATION** |  |
| Species  |  |       |  |
| Strain(s)  |  |       |  |
| Number of animals:  |  | males:       females:        | Number of cages:       |
| Special conditions |  | [ ]  Biohazard [ ]  Chemical hazard [ ]  Immune-compromised |
|  |  | **Section C: IACUC TRANSFER NOTIFICATION** |  |
| Source PI Name/Dept. |  |       |  |
| Source protocol # |  |       |  |
| Source PI email/phone  |  |       |  |
| Is this a donation of animals?  |  | [ ]  Yes [ ]  No NOTE: Donated animals must be experimentally naïve. |
| Approved in recipient PI’s protocol?  |  | [ ]  Yes [ ]  No If ‘No’, contact the IACUC office before proceeding with the transfer. |
|  |  | **Section D: DLAR TRANSPORTATION REQUEST** |  |
| Will animals be transported? |  | [ ]  Yes [ ]  No |  |
| Originating location (building/room)  |  |       | Transport date/time  |       |
| Destination location (building/room)  |  |       | Return date/time |       |
| **IACUC ONLY**[ ]  APPROVAL OF TRANSFER IN PROTOCOL VERIFIED BY IACUC REPRESENTATIVE**Verified by:**       **Date:**      **DLAR VTS ONLY****Approved by:**       **Date:**      [ ]  HEALTH STATUS VERIFIED [ ]  DESTINATION LOCATION APPROVED IN PROTOCOL [ ]  TRANSPORT APPROVED Note: Cages containing hazards must be transported in secured secondary containers.[ ]  EMAILED PIs/BUILDING LEADERS/BUSINESS OFFICE NOTES:       |