 **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](mailto: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](mailto: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](mailto: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.

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|  |  | **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: | | | | |