

LAR ONLY
Requisition Number _____

Date _____

**LABORATORY ANIMAL RESOURCES
ANIMAL TRANSFER FORM**

Transfer to IACUC Protocol # _____ Investigator/Faculty Name _____
Project Technician/Contact Person _____ Lab/ Contact Number _____

Original IACUC Protocol # _____ Investigator/Faculty Name _____

FAS# _____ If bill will be paid by investigator other than the one named above, please put their name and address here:

ANIMAL ORDER INFORMATION

Transfer Date: _____ Reason for Transfer _____ Charge for animal(if any) _____

Quantity: _____ Category Level A B C D E (please circle)
Animal Species/Breed: _____ Weight and /or Age _____ Sex: _____
Color: _____ ID # & LAR #: _____ Animal Name: _____

Housing Requirements _____ Number per cage _____
(ie:single,group;cage,run,brooder, etc.)

The Policy and Procedure Memorandum #6 for the Disposition of Animals has been properly followed :
Transfer does not result in the animal being subjected to multiple surgical or other potentially distressful procedures or placed in jeopardy of their general health and welfare.

Health Conditions: _____

Certified by: _____ Date: _____
(LAR Attending Veterinarian)

Will Radioactive carcinogenic, or toxic substances be given to animal? YES _____ NO _____
Will the animals be given viable biologic agents? YES _____ NO _____
Will the animal be given any tumor cells, tissues, sera or other biologics? YES _____ NO _____

For all YES responses, list agents to be given and state necessary precautions for animals and humans.

Federal law and NCSU policy require that prior to initiating any work with vertebrate animals, an application must be filed with the Institutional Animal Care and Use Committee (IACUC). Before animals can be ordered and housed in the facility, the project must be within the authorized animal limit and an approval must be active and on file in the LAR office. **I agree not to perform any procedure on these animals that is not specifically approved in this protocol.**

Investigator Signature _____ Date _____

FOR LAR USE ONLY

Effective Date of Transfer: _____
Date Transfer Completed: _____ Person completing Transfer: _____

**NCSU-CVM LABORATORY ANIMAL RESOURCES
EMERGENCY CONTACT INFORMATION**

Please use this form to update contact information for your group.
Return completed form to Repro Bldg 140, LAR mailbox, or laroffice@ncsu.edu.

Date: _____

Principal investigator _____

Protocol number(s) _____

Species _____

Lab/office phone _____ Home phone _____

Pager _____ Cell phone _____

Email address _____

****Please list contact persons in the order to be contacted including the PI****

Contact person #1: _____

Lab/office phone _____ Home phone _____

Pager _____ Cell phone _____

Email address _____

Contact person #2: _____

Lab/office phone _____ Home phone _____

Pager _____ Cell phone _____

Email address _____

Contact person #3: _____

Lab/office phone _____ Home phone _____

Pager _____ Cell phone _____

Email address _____

If there are any changes to the information listed above, please contact the LAR administrative office at laroffice@ncsu.edu to request a new form or go to LAR Website at <http://www.cvm.ncsu.edu/lar/forms.html>

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Revised 5/15/09