

LAR ONLY

MANUAL TRANSFER

Date _____

**LABORATORY ANIMAL RESOURCES
ANIMAL TRANSFER within PROTOCOL FORM**

IACUC Protocol # _____ Investigator/Faculty Name _____

Mark reason for Transfer:

(provide copy of email or written documentation requesting transfer)

_____ **CHANGE IN PI/Billing Party** Give new PI Name: _____
Address (If not part of CVM) _____

_____ **CHANGE IN ACCOUNT NUMBER** Old FAS # _____ NewFAS# _____

_____ **OTHER State Reason** _____

ANIMAL INFORMATION

Transfer Date: _____

Quantity: __

Animal Species/Breed: _____ Weight and /or Age _____ Sex: __ Color: _____

ID # & LAR _____ Animal Name: _____

Location :

Tech initiating Transfer _____

Actual date Transferred _____