**Animal Care Operations   
PI to PI Transfer Approval Form**

**Transfer Types:** PI to PI. Account to Account. Protocol to Protocol.

**Requirement:** Approval signatures by transferring and receiving PI/personnel and ACO veterinarian.

**Note:** Attach an Animal Delivery Form if animals will be delivered after the Animal Transfer is approved.

**Fee:** Waived.

**REQUESTOR DATA:**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Investigator Name | Protocol # | |
|  |  |  |
| Requestor Name | Phone | Date |

**ANIMAL INFORMATION: Cage Card Numbers**

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Species: | |  | |
| Strain/Breed: | |  | |
| Sex: | Male | | Female |
| Total # of Animals Transferred: | | |  |
| Previous Experimental Manipulations?  Yes  No | | | |
| Description/Comments: | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**From To**

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator: |  | Investigator: |  |
| Protocol #: |  | Protocol #: |  |
| Animal Bldg./Room#: |  | Animal Bldg./Room#: |  |
| Contact Person: |  | Contact Person: |  |
| Phone: |  | Phone: |  |

**APPROVAL SIGNATURES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferring PI/Personnel Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving PI/Personnel Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACO Veterinarian Date

Transferring protocol to be credited?

Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADMINISTRATIVE USE ONLY** | | | | |
|  | Transferring Investigator | Effective Transfer Date | | |
|  | Receiving Investigator |  | | |
|  | ACO Veterinarian |
|  | ACO Supervisor |  |  | |
|  | ACO Manager |  | Cage Cards Printed | |
|  | Billing Administrator | Credit Transferring Protocol | |  |
|  | Original File: Animal Order Administrator | Subtract from Receiving Protocol | |  |