



UNIVERSITY VETERINARIAN & ANIMAL RESOURCES
RODENT INTERNAL TRANSFER FORM

SUBMIT THIS FORM TO THE FOLLOWING PEOPLE:

1. ILSB or LS1: **Charles Nwaihesie** and **Erin Kinder**
 VTCRI: **Jenny Raines** and **Erin Kinder**
 CVM: **Karen Hall** and **Catherine Caldwell**
2. **Transferring and Receiving Principal Investigators**
3. **Office of the University Veterinarian (ouv@vt.edu)**

PROPOSED DATE OF TRANSFER		
TRANSFERRING PRINCIPAL INVESTIGATOR (NAME)	IACUC #	ACCOUNT OR FUND NUMBER
RECEIVING PRINCIPAL INVESTIGATOR (NAME)	IACUC #	ACCOUNT OR FUND NUMBER
ANIMAL INFORMATION		
TOTAL NUMBER OF ANIMALS	TOTAL NUMBER OF CAGES	HAVE THESE ANIMALS BEEN USED UNDER ANY PROTOCOL?
PAIN CATEGORY ON RECEIVING PROTOCOL		NUMBER OF ANIMALS USED ON RECEIVING PROTOCOL
BUILDING INFORMATION		
ORIGINATING BUILDING AND ROOM #	DESTINATION BUILDING AND ROOM #	
OFFICE APPROVAL		
<i>Animal facility transfers must be approved by the University Veterinarian (IACUC Policy for Animal Procurement, Transfer, and Approved Vendor List for Laboratory Rodents and Rabbits Housed in Virginia Tech Vivarium Facilities, Effective Date: May 20, 2010).</i>		
UNIVERSITY VETERINARIAN OR DESIGNEE		
SIGNATURE	DATE	