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|  | ANIMAL RESOURCES & CARE DIVISION  **ANIMAL TRANSFER FORM** |

SUBMIT THIS FORM TO THE FOLLOWING PEOPLE:

1. **ILSB** or **LS1**: Mary Zabonik (mzabonik@vt.edu) and Erin Kinder (ekinder@vt.edu)

**FBRI**: Taylor King (kingtn07@vtc.vt.edu) and Erin Kinder (ekinder@vt.edu)

**CVM**: TRACCS (tracsstransfers-g@vt.edu)

1. **Transferring and Receiving Principal Investigator**
2. **Animal Resources and Care Division (ARCD) Veterinarians** (ouv@vt.edu)

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| --- | --- | --- | --- |
| PROPOSED DATE OF TRANSFER | | | |
|  | | | |
| TRANSFERRING PRINCIPAL INVESTIGATOR (NAME & EMAIL) | | | | FROM IACUC PROTOCOL # | | |
|  | | | |  | | |
| RECEIVING PRINCIPAL INVESTIGATOR (NAME & EMAIL) | | | | TO IACUC PROTOCOL # | | |
|  | | | |  | | |
| **ANIMAL INFORMATION** | | | | | | |
| SPECIES/STRAIN | TOTAL NUMBER OF ANIMALS | | | | | TOTAL NUMBER OF CAGES |
|  |  | | | | |  |
| PAIN CATEGORY OF RECEIVING PROTOCOL | | # OF ANIMALS REMAINING ON RECEIVING PROTOCOL | | | | |
|  | |  | | | | |
| **BUILDING INFORMATION** | | | | | | |
| ORIGINATING BUILDING AND ROOM # | | | DESTINATION BUILDING AND ROOM # | | | |
|  | | |  | | | |
| **ADDITIONAL INSTRUCTIONS/COMMENTS** | | | | | | |
|  | | | | | | |
| **ARCD OFFICE APPROVAL – ARCD Veterinarian or designee** | | | | | | |
|  | | | | |  | |
| SIGNATURE | | | | | DATE | |