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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 |