**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 |       |