

ANIMAL TRANSFER REQUEST FORM

Form to be completed for transfer of animals on a SUNY at Buffalo Approved IACUC Protocol for change of campus, facility, investigator, protocol, account, or housing

Requested by: _____ **Today's Date:** _____ **Phone Number:** _____

EFFECTIVE DATE OF TRANSFER: _____

Transfer From				Transfer To			
Institution (Circle One)	UB	RPCI		Institution (Circle One)	UB	RPCI	
Facility				Facility			
Room				Room			
Housing (Circle One)	Conventional	Sterile		Housing (Circle One)	Conventional	Sterile	
Investigator				Investigator			
Protocol number				Protocol number			
Account Number				Account Number			
Contact Person				Contact Person			
Quantity		Species		Quantity		Species	

Have the animals been used in research yet? (Please Mark One) Yes No

If Yes Please Explain: _____

Have the animals been exposed to Hazards? (Please Mark One) Yes No

If Yes Please Explain: _____

Note: Please fill out a separate transfer form for each species, room, or, protocol. The cage card numbers are located in the lower right hand corner of each card.

CAGE CARD NUMBERS OF ANIMALS TO BE TRANSFERRED

Sending Investigator Signature: _____ **Date:** _____

LAF Approval: _____ **Date:** _____

Please submit form to CM-LAF Facility Manager BEB 116
 Or Email form to: David Niederbuhl dan3@Buffalo.edu
 Biomedical Education building Room 116, 3435 Main Street
 Tel: (716) 829-2919 Fax: (716) 829-3249