

**Drexel University**  
**Institutional Animal Care and Use Committee**

**INTERNAL ANIMAL TRANSFER FORM**

1. Name of the investigator transferring the animals:

2. Transferred from IACUC approved protocol #:

3. Room & Rack Location(s) where animals are currently housed:

4. If you are transferring the animals to another building or room, indicate the building and room where the animals are going:

Center City       Calhoun       Queen Lane       ANS

5. Name of the Investigator receiving the animals:

6. Transferred to IACUC approved protocol #:

7. Species:

8. Number of animals (The recipient's protocol should authorize the #of animals being transferred.)

Animal  
ENCLOSURE  
NUMBERS:

ENC-

9. Have you used this animal(s) for any purpose (e.g. breeding, immunization , etc.)?  Yes  No

9a. If "Yes" what procedure(s) was the animal(s) used for?

10. Briefly describe the procedures to be performed on the animals being transferred:

To the best of my knowledge the above information is correct. I agree that the transportation of these animals to the IACUC protocol indicated will be in compliance with all federal, state, local and university requirements.

Signature of Sending PI: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approving Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the completed form to: [ular@drexel.edu](mailto:ular@drexel.edu)