**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.

Please send the completed form to: ular@drexel.edu