

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