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

**ANIMAL TRANSFER FORM**

**Transfer of Animals between Institutions (Sending or Receiving Animals)**

Principal Investigators may request the transfer of animals to or from the University. This transfer must be approved by ULAR. Please use this form to request approval for the transfer animals.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Are you **TRANSFERRING** animals **TO** another institution: |  | YES |  | NO |  |

**PLEASE NOTE:** If you plan to send animals to another institution, prior to transfer please contact Elizabeth  Poppert , Ph.D. Licensing Manager, IP & Agreements at 215-895-0999 or [enp32@drexel.edu](mailto:enp32@drexel.edu), or [applied\_innovation@drexel.edu](mailto:applied_innovation@drexel.edu)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. Are you **RECEIVING** animals **FROM** another institution |  | YES |  | NO |

|  |  |
| --- | --- |
| 3. Name of Principal Investigator at Drexel University: |  |

|  |  |
| --- | --- |
| 4. Drexel University /DUCOM IACUC Approval #: |  |

|  |  |
| --- | --- |
| 5. Name of Principal Investigator at the other institution: |  |

|  |  |
| --- | --- |
| 6. Other institution’s IACUC Approval #: |  |

|  |  |
| --- | --- |
| 7. Name of the other institution: |  |

|  |  |
| --- | --- |
| 8. Species: |  |

|  |  |
| --- | --- |
| 9. Number of animals: |  |

|  |  |
| --- | --- |
| 10. Animal enclosure number(s)and/or ID if any: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. Has this animal been used for any research purpose? |  | YES |  | NO |

11a. If yes, give a brief description

|  |
| --- |
|  |

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 and local and our university laws, regulations or policies.

|  |  |
| --- | --- |
| **Signature of Principal Investigator releasing the animals:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | Date: |  |

The health status of the animals needs to be known to transfer or receive animals. Please submit a health report to the attending veterinarian. If you have any questions about health information, contact the veterinarian

Melanie McFadden : [ms3489@drexel.edu](mailto:ms3489@drexel.edu)

# ULAR APPROVAL

|  |  |  |  |
| --- | --- | --- | --- |
| **ULAR signature:** |  | **Date:** |  |

**Please note: ULAR signature is required prior to submitting this form to the Office of Research**

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