

# UNIVERSITY LABORATORY ANIMAL RESEARCH

## Breeding/ Offspring Record

**PI Name** \_\_\_\_\_

**Reporting month** \_\_\_\_\_

**Protocol #** \_\_\_\_\_

Number of pups weaned this month. \_\_\_\_\_

If pups were transferred to another protocol please list the protocol # \_\_\_\_\_ and the number of pups transferred \_\_\_\_\_.

If transferred, be sure to complete the animal transfer form and submit to the IACUC.

Please do not include those pups that were euthanized prior to weaning. The numbers given on this sheet will be subtracted from the total animals approved on the protocol.

Fax sheet to 215-762-7449 or send to MS 436 New College Building on the 1<sup>st</sup> of every month, or email it to Andrea McCurry, [amccurry@drexelmed.edu](mailto:amccurry@drexelmed.edu)