

## **Animal Transfer Form**

Submit this form to the following people:

- 1. ILSB: Mary Zabonik (mzabonik@vt.edu), Pam Suroski (psuroski@vt.edu), and Erin Kinder (ekinder@vt.edu)
- 2. **LS1:** Mary Zabonik (mzabonik@vt.edu), Jennifer Cartwright (jennyc1@vt.edu), and Erin Kinder (ekinder@vt.edu)

| PAIN CATEGORY OF RECEIVING PROTOCOL # 0  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST  | ·   | TOTAL NUMBER OF CAGES          |
|--|---|--------------------------------|
| 6. Animal Resources and Care Division (ARCD) Veterinarians (APROPOSED DATE OF TRANSFER  TRANSFERRING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  RECEIVING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  ANIMAL INFORMATION  SPECIES/STRAIN  TO  PAIN CATEGORY OF RECEIVING PROTOCOL  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST | FROM IACUC PRO TO IACUC PRO TAL NUMBER OF ANIMALS | TOCOL #  TOTAL NUMBER OF CAGES |
| PROPOSED DATE OF TRANSFER  TRANSFERRING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  RECEIVING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  ANIMAL INFORMATION  SPECIES/STRAIN  TO  PAIN CATEGORY OF RECEIVING PROTOCOL  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM #  DEST   | FROM IACUC PRO TO IACUC PRO TAL NUMBER OF ANIMALS | TOCOL #  TOTAL NUMBER OF CAGES |
| TRANSFERRING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  RECEIVING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  ANIMAL INFORMATION  SPECIES/STRAIN  TO  PAIN CATEGORY OF RECEIVING PROTOCOL  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST   | TO IACUC PRO                                      | TOCOL #  TOTAL NUMBER OF CAGES |
| RECEIVING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  ANIMAL INFORMATION  SPECIES/STRAIN  TO  PAIN CATEGORY OF RECEIVING PROTOCOL  # O  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST  | TO IACUC PRO                                      | TOCOL #  TOTAL NUMBER OF CAGES |
| RECEIVING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)  ANIMAL INFORMATION  SPECIES/STRAIN  TO  PAIN CATEGORY OF RECEIVING PROTOCOL  # O  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST  | TO IACUC PRO                                      | TOCOL #  TOTAL NUMBER OF CAGES |
| ANIMAL INFORMATION  SPECIES/STRAIN  TO  PAIN CATEGORY OF RECEIVING PROTOCOL  # O  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST   | TAL NUMBER OF ANIMALS                             | TOTAL NUMBER OF CAGES          |
| ANIMAL INFORMATION  SPECIES/STRAIN  TO  PAIN CATEGORY OF RECEIVING PROTOCOL  # O  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST   | TAL NUMBER OF ANIMALS                             | TOTAL NUMBER OF CAGES          |
| PAIN CATEGORY OF RECEIVING PROTOCOL # C  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST  |   |                                |
| PAIN CATEGORY OF RECEIVING PROTOCOL # C  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST  |   |                                |
| PAIN CATEGORY OF RECEIVING PROTOCOL # C  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST  |   |                                |
| PAIN CATEGORY OF RECEIVING PROTOCOL # 0  BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST  |   |                                |
| BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST   | F ANIMALS REMAINING ON R                          | RECEIVING PROTOCOL             |
| BUILDING INFORMATION  ORIGINATING BUILDING AND ROOM # DEST   | F ANIMALS REMAINING ON R                          | ECEIVING PROTOCOL              |
| ORIGINATING BUILDING AND ROOM # DEST   |   |                                |
| ORIGINATING BUILDING AND ROOM # DEST   |   |                                |
| ORIGINATING BUILDING AND ROOM # DEST   |   |                                |
|  |   |                                |
| PAIN CATEGORY OF RECEIVING PROTOCOL # OF   | NATION BUILDING AND ROO                           | M #                            |
| PAIN CATEGORY OF RECEIVING PROTOCOL # OF   |   |                                |
|  | ANIMALS REMAINING ON REC                          | CEIVING PROTOCOL               |
|  |   |                                |
| ADDITIONAL INSTRUCTIONS/COMMENTS   |   |                                |
| ADDITIONAL INSTRUCTIONS/COMMENTS   |   |                                |
|  |   |                                |
|  |   |                                |
|  |   |                                |
| ARCD OFFICE APPROVAL   |   |                                |
| NAME OF ARCD VETERINARIAN OR DESIGNEE  |   |                                |
|  |   |                                |
| SIGNATURE  |   |                                |
|  | DATE  |                                |
|  |   |                                |