Office of Laboratory Animal Care
University of Tennessee

Rodent and Small Mammal Transfer Request Form

Date: _____

Recipient PI: _____   Protocol #: _____

School/College: _____   Department: _____

Name of person requesting transfer: _____ Phone: _____

Transfer Information:

☐ **Individual PI**:

    Transfer animals from my protocol # _____ to my protocol # _____

    Total number of animals to be transferred _____

    Date Animal(s) needed: _____

☐ **Between PI's:**

    Donating PI: _____   Protocol #: _____

    School/College: _____   Department: _____

    Total number of animals to be transferred _____

    ☐ Check box if transferring animals between facilities.
        Note: It is the responsibility of the individual shipping the animals to notify the receiving
        manager 2 business days before moving animals to discuss transport and housing options.

    Date Animal(s) needed: _____

    List any animal manipulations that have occurred prior to the proposed transfer (examples: none, tail biopsy,
    infection, surgery)**:**

Signature of Individual or Recipient PI/designee

_____ Date: _____

Signature of Donating PI/designee

_____ Date: _____

Signature of Attending Veterinarian/Manager/Designee (Transfers between PI's need to be faxed to OLAC)

_____ Date: _____