HEALTH

SPACE

STUDY

TRANSFER REQUEST

DATE: 

TRANSFER FROM:

INVESTIGATOR

STUDY NUMBER

# OF ANIMALS MALE OR FEMALE # OF CAGES

CAGE#, ID

STRAIN WEIGHT OR AGE

ROOM# PHONE NUMBER

TRANSFER TO:

INVESTIGATOR

STUDY NUMBER ROOM NUMBER

ACCOUNT NUMBER PHONE #

1. ARE ANY ENVIRONMENTAL FACTORS CRITICAL TO DATA COLLECTION FROM THESE ANIMALS? YES OR NO

If YES, you must complete the Emergency Investigator Notification form before the animals can be transferred.

2. WILL THESE ANIMALS NEED BSL2 HOUSING? YES OR NO

IF YES LIST THE BSL2 AGENT

3. WILL THESE ANIMALS BE EXPOSED TO CARCINOGENS WHILE THEY ARE ALIVE ON THIS STUDY? YES OR NO

IF YES: LIST THE CARCINOGEN:

DATE OF TRANSFER

SIGNATURE