

LAR ONLY	MANUAL TRANSFER
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Date \_\_\_\_\_

**LABORATORY ANIMAL RESOURCES  
ANIMAL TRANSFER within PROTOCOL FORM**

IACUC Protocol # \_\_\_\_\_ Investigator/Faculty Name \_\_\_\_\_

**Mark reason for Transfer:** (provide copy of email or written documentation requesting transfer)

**CHANGE IN PI/Billing Party** Give new PI Name: \_\_\_\_\_  
Address (If not part of CVM) \_\_\_\_\_

**CHANGE IN ACCOUNT NUMBER** Old FAS # \_\_\_\_\_ NewFAS# \_\_\_\_\_

**OTHER** State Reason \_\_\_\_\_

**ANIMAL INFORMATION**

Transfer Date: \_\_\_\_\_

Quantity: # of Cage Cards if Group Housed \_\_\_\_\_ # of Animals if single housed \_\_\_\_\_

Animal Species/Breed: \_\_\_\_\_ Weight and /or Age \_\_\_\_\_ Sex: \_\_\_\_\_ "\*\*\*\*\*"Color: \_\_\_\_\_

ID # & LAR \_\_\_\_\_ aaaaaaaaaaaaaa \_Animal Name: \_\_\_\_\_

Location : \_\_\_\_\_

Tech initiating Transfer \_\_\_\_\_ - \_\_\_\_\_

Actual date Transferred \_\_\_\_\_