DELIVER COMPLETED FORM TO LAR OFFICE (CVM Room 256), EMAIL TO laroffice@ncsu.edu, or FAX TO 513-2825

LAR ONLY
Requisition Number___MANUAL TRANSFER____ Date_____

LABORATORY ANIMAL RESOURCES
ANIMAL TRANSFER FORM

Transfer to IACUC Protocol #_____ Investigator/Faculty Name_____
Project Technician/Contact Person_____Lab/ Contact Number _____

Original IACUC Protocol # _____ _____ Investigator/Faculty Name_____

FAS#_____ If bill will be paid by investigator other than the one named above, please put their name and address here:
_____
_____

ANIMAL ORDER INFORMATION

Transfer Date: _____ Reason for Transfer_____

Quantity:_____ Category Level ○A ○B ○C ◉D ○E (Mark Box)
Animal Species/Breed:_____ Weight and /or Age _____ Sex:_____
Color:_____ _____ID # & LAR #:_____Animal Name:_____

Housing Requirements/Location_____Number per cage_____
(ie:single,group;cage,run,brooder, etc.)

The Policy and Procedure Memorandum #6 for the Disposition of Animals has been properly followed :
Transfer does not result in the animal being subjected to multiple surgical or other potentially distressful procedures or placed in jeopardy of their general health and welfare.

Health Conditions:_____
_____

Certified by:_____ Date:_____
(LAR Attending Veterinarian)

Will Radioactive carcinogenic, or toxic substances be given to animal? YES_____ NO_____
Will the animals be given viable biologic agents? YES_____ NO_____
Will the animal be given any tumor cells, tissues, sera or other biologics? YES_____ NO_____

For all YES responses, list agents to be given and state necessary precautions for animals and humans.
_____
_____
_____

Federal law and NCSU policy require that prior to initiating any work with vertebrate animals, an application must be filed with the Institutional Animal Care and Use Committee (IACUC). Before animals can be ordered and housed in the facility, the project must be within the authorized animal limit and an approval must be active and on file in the LAR office. **I agree not to perform any procedure on these animals that is not specifically approved in this protocol.**

_____ _____
Investigator Signature Date

FOR LAR USE ONLY
Effective Date of Transfer: Person completing Transfer: Liz Russell
Date Transfer Completed: CAT _____ to CAT _____