Transfer Request Form

| TRANSFER FROM: | | | | | |
|--|--|-----------------|---------------------------------|-------------|---|
| | | | | | nimal Use |
| Principal Investigator (Transferor) | | Animal | Use Protocol (AUP) Number | | Category |
| | | | | | |
| Faculty (Currently Billed) | | | JGA Account Number | | Project Number (VET MED USE ONLY) |
| | | | | | |
| Species | | | Strain/Stock/Breed | | Bldg/Facility – Room Number |
| Total number | | | | | |
| of animals to transfer: | | | | | |
| Total number boxes (if mice) | | | | | |
| to transfer: | L'atabasa d | | .h(a) | | a have a CC as a New York at the action of a second |
| | List above al | l cage card nun | nber(s), animal ID's or name of | animals c | r boxes (if mice) to be transferred |
| Naïve Animals | | | | | |
| | | | | | |
| Used Animals | | | | | |
| | | 14 - | -i | -11 | anile a de acce |
| | | II a | nimals were used in research | piease des | scribe above |
| P.I. Authorization: | | | | | |
| All information listed above is correct and I authorize this transfer: | | | | | |
| | Principal Inves | tigator Signatu | re (Transferor) – Date | | |
| TRANSFER TO: | | | | | |
| TRANSPER TO: | | | | | Animal Use |
| | | | | | Category |
| Principal Investigato | r (Receiver) | Animal | Use Protocol (AUP) Number | | |
| | | | | | |
| Faculty (To be Billed) | | l | IGA Account Number | | Project Number (VET MED USE ONLY) |
| P.I. Authorization: | | | | | |
| All information listed above is correct and I accept this transfer: | | | | - | Bldg/Facility – Room Number |
| | Principal Investi | gator Signatur | e (Receiver) – Date | | |
| Office Mgr Acct Approval: | | | | | |
| Account information listed above is correct Faculty (to be billed) is | | | | | |
| authorized to incur charges on acct REQUIRED FOR VET MED ONLY | Departmental Office Manager Signature – Date | | | | |
| APPROVAL: | | | | | |
| | | | | | |
| Effective Traces' D. i | A((): | | Pate (assessed to CACC) | | |
| Effective Transfer Date | Attending Veterinarian Si | gnatufe | Date forwarded to CACU | Office of P | nimal Care & Use – IACUC Approval |

Transfer Request Form (TRF)

GUIDELINES:

- E-mail submission of this form is preferred in order to expedite your request in a timely manner.
- All Transfer Request Form(s) must be submitted to your University Research Animal Resources Office. Forms must be submitted at least three (3) business days prior to the date you anticipate the transfer. This allows appropriate time for the Attending Veterinarian review/approval, IACUC Administrator approval and completion of the protocol, accounting, census transfer(s) and new cage card generation.
- In order to ensure that animals are re-used properly, the UGA IACUC policy requires that protocol to protocol transfers of animals are documented and approved **prior to transfer**.
- Once the transfer is approved, the effective transfer date will be documented on the TRF and the P.I. (transferor) and P.I. (receiver) will receive a completed copy or confirmation of the transfer via e-mail.
- All protocol to protocol transfers involving animals housed at URAR-Life Sciences or URAR-Veterinary Medicine animal facilities that are transferred to or from other on/off campus animal research facilities are required to have a completed/approved TRF.
- Office Manager Account Approvals (for accounting information) in the TRANSFER TO section is only required for College of Veterinary Medicine Faculty members.
- If you are submitting a TRF requesting a change in the UGA account number to be debited with no change in P.I. or AUP number, (i.e., no protocol to protocol transfer) then approval by the Attending Veterinarian or IACUC is not required. This type of transfer request is for a change in billing/accounting only.

INSTRUCTIONS:

- 1. P.I. (transferor) completes all information in the **TRANSFER FROM** section. List all cage card numbers, animal ID numbers or names to be transferred. Check if animal(s) have or have not (naïve) been used in research. If yes, then provide a brief description of the research. Authorize the transfer by signing the form and forwarding to the P.I. (receiver), e-mail preferred.
- 2. P.I. (receiver) then completes all the information in the **TRANSFER TO** section and authorizes the transfer by signing form.
- 3. If you are a Faculty member in the College of Veterinary Medicine, you must get your Departmental Office Manager to sign off indicating that faculty (to be billed) in the TRANSFER TO section is authorized to incur charges against the UGA account number listed. If the faculty and UGA account number listed, currently or previously has been billed for per diems, then authorization by the Office Manager is not required.
- 4. P.I. (receiver) forwards TRF to the appropriate Animal Resources office for processing, e-mail submission preferred.

URAR-Veterinary Medicine Office E-mail completed form to: arcvm@uga.edu Questions about this form: 706-542-4173

URAR-Life Sciences Office E-mail completed form to: robink@uga.edu Questions about this form: 706-542-6083