Marshall University

Animal Resource Facility (ARF)

Investigator-Investigator Animal Transfer Form

Transfer From:

Principal Investigator Name: _____ Department: _____

PI Phone Number: _____ PI E-Mail Address: _____

Lab Contact Name: _____

Lab Contact Phone Number: _____ Lab Contact E-Mail Address: _____

Protocol Number(s) to Remove Animals From: _____

Animals To Be Transferred

Original Room and Rack Numbers: _____

Species: _____

Strain(s): _____

Sex: Male ☐ Female ☐

Immunocompromised? Yes ☐ No ☐

IDs/Cage Numbers: _____

Total Number of Animals: _____

Total Number of Cages: _____

Transfer Date: _____

New Room and Rack Numbers: _____

Transfer To:

Principal Investigator Name: _____ Department: _____

PI Phone Number: _____ PI E-Mail Address: _____

Lab Contact Name: _____

Lab Contact Phone Number: _____ Lab Contact E-Mail Address: _____

Protocol Number(s) to Add Animals To: _____