

ANIMAL TRANSFER/TRANSPORT REQUEST

Duke University Medical Center, Division of Laboratory Animal Resources
Box 3180 DUMC, Vivarium, Research Drive
(919) 684-2797

PROTOCOL CHANGE: YES NO

FACILITY CHANGE: YES NO

OLD PROTOCOL #: _____

NEW PROTOCOL #: _____

FORMER PI: _____

NEW PI: _____

NEW PI FUND CODE: _____

This form is to be used by Investigators to request that DLAR personnel move animals from one facility to another or to another room within a facility. Fax completed form to 684-8610 or drop off at Vivarium front desk.

Today's Date _____ Requested transport date _____

PI _____ Phone _____ Pager _____ Email _____

Requestor _____ Phone _____ Pager _____ Email _____

Investigators: Please mark cages for transport with yellow "Animal Transfer" cage markers - Species: _____

Have animals been used on old protocol? Yes No

*** If more cage cards than spaces provided, please list all the cage card numbers on a separate sheet of paper and attach it to this form.

Cage Card ID numbers	# of Animals	FROM Facility	Room / Rack	TO Facility	Room / Rack

Total # of Animals _____

NOTE:

- All animal transfers will be performed by DLAR personnel.
- Movement of animals must be approved by DLAR Veterinary staff.
- Movement of animals is contingent on health status of the animals, rooms, and facilities.
- All animals may be subject to a quarantine period between facilities.
- Rodent diets may vary between facilities. Please contact the respective facility supervisor regarding special dietary or other husbandry considerations.
- **Please allow a minimum of five (5) business days for animal transfers.**

FOR DLAR USE ONLY

Date request received: ____/____/____

Veterinarian's Approval: _____ Date ____/____/____

CCIF Approval: _____ Date ____/____/____

Transport Completed By: _____ Date ____/____/____

REJECTED BY: _____ Date ____/____/____

REASON: _____