



REQUEST FOR APPROVAL OF TRANSFER OF ANIMALS BETWEEN PROJECTS COMPARATIVE MEDICINE PROGRAM

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SUBMISSION DATE: _____ REQUESTED TRANSFER DATE: _____

PLEASE NOTE:

- Provide **72 business hours** (3 business days not including weekends) for CMP Logistics and Husbandry to prepare animals for transport and schedule delivery
- Delivery times: 10:30am - 4pm Monday – Friday ✧✧ Housing for BSL3 **NOT** available on Fridays ✧✧
- Special arrangements need to be made for delivery times 8am – 10:30am. These times may not be available
- For large animal transfers, a minimum of **ONE week** is required to process, approve, schedule and transport the animal(s)

- | | |
|---|---|
| <p>1. Transfer from AUP:#: _____</p> <p>a. Principal Investigator: _____</p> <p>b. Building, Animal Room Number: _____</p> <p>c. Account Number: _____</p> <p>(Please mark cages with Transfer Pending cards)</p> | <p>2. Transfer to AUP #: _____</p> <p>a. Principal Investigator: _____</p> <p>b. Building, Animal Room Number: _____</p> <p>c. Account Number: _____</p> <p>d. USDA Pain Category: _____</p> |
|---|---|

3. Species: _____ On arrival contact email: _____

4. Cage Card Numbers & Number of Animals/Animal ID:

Cage Card #	# Animals/ Animal ID	Cage Card #	# Animals/ Animal ID	Cage Card #	# Animals/ Animal ID

5. Please select one:

- Animals have not been used (e.g. surplus animals, extras)
- Animals will be used upon arrival
- Animals have been used previously and have had the following procedures performed under the following protocols:

AUP #	Procedure Description

****Attach any additional info**

6. Reason for Transfer: _____

7. If this is a short-term (temporary) transfer, date to return animal(s) to original AUP: _____

Account number if different than original account number: _____

8. Signatures:

TRANSFERRING PI: _____ DATE: _____

RECEIVING PI: _____ DATE: _____

See attached emails for approval.

For CMP Use Only:	
Admin Division: Transfer ID #: _____ Date Received: _____ <input type="checkbox"/> Source AUP approved to transfer animals <input type="checkbox"/> Receiving AUP approved to receive animals <input type="checkbox"/> Receiving AUP has sufficient animal numbers <input type="checkbox"/> Species approved on receiving AUP <input type="checkbox"/> Housing location approved on receiving AUP Cage Card Creation Date: _____ Date Completed: _____	Husbandry Division: Source Cage Type: _____ Receiving Cage Type: _____ Special Feed: _____ <input type="checkbox"/> BSC
	Health Division: <input type="checkbox"/> Health check by: _____