Regulatory agencies require that animals are identifiable to a specific IACUC protocol. In addition, in order to prepare regulatory reports, it is necessary to accurately account for animal use. Therefore, if animals are transferred to a different protocol from that for which they were originally assigned, **it is the responsibility of the Principal Investigators to submit this Animal Protocol Transfer Form and obtain APPROVAL PRIOR to transfer.**

* **Email completed form to** [**iacuc@lssu.edu**](mailto:iacuc@lssu.edu) **\*Both PIs must be cc’ed on the email submission\***
* **The transfer cannot be approved unless all of the information below is provided.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To be completed by CURRENT Principal Investigator:** | | | | |
| Principal Investigator Name: | Click or tap here to enter text. | | Current IACUC Protocol #: | Click or tap here to enter text. |
| Were these animals a result of breeding or did they undergo any procedures, treatments, or surgeries under the current protocol? | | YES\* NO | | |
| \*If yes, please indicate if result of breeding or list the procedures, treatments, and/or surgeries: | | Click or tap here to enter text. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed by NEW Principal Investigator:** | | | | | | | |
| Principal Investigator Name: | Click or tap here to enter text. | | | | | | |
| NEW IACUC Protocol #: | Click or tap here to enter text. | | | | NEW Account #: | Click or tap here to enter text. | |
| Contact Information for Cage Cards | Name: | | Click or tap here to enter text. | | | | |
| Telephone: | | Click or tap here to enter text. | | | | |
| **Justification for Transfer**  What procedure(s) will be performed with the animals? | | | Click or tap here to enter text. | | | | |
| Confirm that procedures animals will undergo are approved on receiving protocol | | | | | | |  |
| Change in room location? | YES\*  NO | | | | | | |
| **NOTE: Animals CANNOT be relocated until the LSSU IACUC approves the relocation.** | | | | | | |
|  | Address: | | Click or tap here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SPECIES/STRAIN:** |  | | |
| **Cage ID** | **# of Animals** | **Original Protocol**  **Pain Category**  **(C, D, or E)** | **NEW Protocol**  **Pain Category**  **(C, D, or E)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| IACUC NOTES AND AUTHORIZATION  Transfer Approved Date: Click or tap to enter a date.  Transfer Denied  Notes: Click or tap here to enter text. |