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** **\*Both PIs must be cc’ed on the email submission\***
* **The transfer cannot be approved unless all of the information below is provided.**

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| **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 DeniedNotes: Click or tap here to enter text. |