

# Wake Forest University Animal Resources Program

## Rodent Transfer and Transportation Request

Received: Date / Time  
\_\_\_\_\_

**Transfer from:** Building \_\_\_\_\_ Room \_\_\_\_\_ Rack \_\_\_\_\_ Location/card# \_\_\_\_\_

Investigator: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

ACUC Protocol #: **A** \_\_\_\_\_ - \_\_\_\_\_

Chart field #: \_\_\_\_\_

Fund	Org	Program	Project	Activity
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**Originating  
ARP Office Use**

Initials/Date

ARP Office approval: \_\_\_\_\_ / \_\_\_\_\_  
*(protocol verification)*

Operations approval: \_\_\_\_\_ / \_\_\_\_\_  
*(space requirements)*

Veterinary approval: \_\_\_\_\_ / \_\_\_\_\_  
*(health requirements)*

**TESTING REQUIREMENT**

Pinworm testing?: \_\_\_\_\_ / \_\_\_\_\_

# of tests required: \_\_\_\_\_ / \_\_\_\_\_

Date of 1<sup>st</sup> test: \_\_\_\_\_ / \_\_\_\_\_

Date of 2<sup>nd</sup> test: \_\_\_\_\_ / \_\_\_\_\_

Transfer Approved? \_\_\_\_\_ / \_\_\_\_\_

Notes:

Species: \_\_\_\_\_ Strain: \_\_\_\_\_

Housing: Single Group

# of animals to be transferred: males \_\_\_\_\_ females \_\_\_\_\_ cages \_\_\_\_\_

Y N

Date/Time Required \_\_\_\_\_ Return? \_\_\_\_\_ Date/Time Required \_\_\_\_\_

**IF ONLY A ROOM, PROTOCOL OR ACCOUNT TRANSFER complete this section**

**Transfer to:** Building \_\_\_\_\_ Room \_\_\_\_\_ Rack \_\_\_\_\_

ACUC Protocol #: **A** \_\_\_\_\_ - \_\_\_\_\_

Chart field #: \_\_\_\_\_

Fund	Org	Program	Project	Activity
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PI or lab personnel signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED All Cages MUST be Marked**

**IF TRANSFERRING TO ANOTHER PRINCIPAL INVESTIGATOR**

I hereby relinquish the animal(s) named above to the recipient named below for approved studies.

**ORIGINAL Principal Investigator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Receiving Campus  
ARP Office Use**

Office approval: \_\_\_\_\_ / \_\_\_\_\_  
*(protocol verification)*

Operations approval: \_\_\_\_\_ / \_\_\_\_\_  
*(space requirements)*

Veterinary approval: \_\_\_\_\_ / \_\_\_\_\_  
*(health requirements)*

Housing completed by/date:  
\_\_\_\_\_ / \_\_\_\_\_

Notes:

**RECEIVING**

Investigator: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Transfer to:** Building \_\_\_\_\_ Room \_\_\_\_\_ Rack \_\_\_\_\_

ACUC Protocol #: **A** \_\_\_\_\_ - \_\_\_\_\_

Chart field: \_\_\_\_\_

Fund	Org	Program	Project	Activity
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I hereby accept responsibility for the animal(s) named above to be used in the approved protocol I have listed.

**RECIEVING Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED**

Email or Hand Deliver Order Form to ARP Office