

Principal Investigator Request for Personal Transport of Research Animals

Investigator: _____ ACUC Protocol # _____ Date: _____

Species of animal: _____ Number of animals: _____ Date of transfer: _____

Type of transport container: _____

Type of transport vehicle: _____ Heat: Yes No A/C: Yes No

Is this a personal vehicle? Yes No Has the health status been approved by ARP? yes no

Colony origin (Institution; city; state): _____

Distance (one-way): _____ Time required (est.): _____

Reason for PI transporting animals rather than a commercial transport company:

As the principal investigator, I understand and agree to comply with the regulations and standards for the transport of animals set forth by the Animal Welfare Act and the National Research Council's Guide for the Care and Use of Laboratory Animals.

Date

Signature
Principal Investigator

Date

Signature
Operations Manager, ARP

Date

Signature
Chairman, ACUC

Date

Signature
Attending Veterinarian, WFU