

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
LABORATORY ANIMAL RESOURCE CENTER (LARC) AND INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
ANIMAL TRANSFER FORM**

(Submit this form to LARC for transfer of animals from one Principal Investigator (PI) or Protocol to another within UCSF *)

*** BEFORE TRANSFERRING ANIMALS, THE FOLLOWING CRITERIA MUST BE MET:**

- RECEIVING INVESTIGATOR HAS AN IACUC APPROVED PROTOCOL.
- RECEIVING PROTOCOL HAS NOT EXCEEDED THE LIMIT FOR THE NUMBER OF ANIMALS APPROVED.
- THE ANIMAL(S) BEING TRANSFERRED (PLEASE CHECK ONE): HAVE NOT UNDERGONE PRIOR EXPERIMENTAL PROCEDURES HAVE UNDERGONE PRIOR EXPERIMENTAL PROCEDURES
- IF ANIMALS WERE PREVIOUSLY USED IN A MAJOR SURGICAL PROCEDURE:
 - YOU MUST SUBMIT A JUSTIFICATION FOR MULTIPLE-PROCEDURES TO IACUC FOR PRE-APPROVAL, UNLESS THE ANIMAL(S) WILL BE USED FOR AN ACUTE PROCEDURE.
 - A COPY OF THE IACUC APPROVAL MUST BE ATTACHED TO THIS FORM.

Date: _____

Campus Hunters Point Gladstone MCB Mission Bay Mt. Zion Parnassus SFGH Other: _____

Building and Room Number: _____

FROM										To						
PRINCIPAL INVESTIGATOR	PROTOCOL NUMBER	INVESTIGATOR CODE	SPECIES ¹	ANIMAL ID OR CAGE CARD # ²	EFFECTIVE DATE	USDA CATEGORY ³			PURCHASED / BRED ^{1,2,3}	# OF ANIMALS IN CAGE	PRINCIPAL INVESTIGATOR	PROTOCOL NUMBER	INVESTIGATOR CODE	CATEGORY ^{2,3}		
						<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> P	<input type="checkbox"/> B				<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
						<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> P	<input type="checkbox"/> B				<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
						<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> P	<input type="checkbox"/> B				<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

¹ LIST EACH SPECIES INDIVIDUALLY

² EITHER ENTER INDIVIDUAL ID (LARGE ANIMALS) OR CAGE CARD # (RODENTS)

³ ENTER NUMBER OF ANIMALS IN EACH USDA CATEGORY

Transferred By: _____

Received By: _____

(Principal Investigator / Authorized Person's Signature and Phone Number)

(Principal Investigator / Authorized Person's Signature and Phone Number)

LARC USE ONLY		
<input type="checkbox"/> Census Adjusted	<input type="checkbox"/> Protocol Number Verified	<input type="checkbox"/> Health Records Changed
		_____ LARC Signature and Phone Number

Fax completed form to 476-0581 or send via e-mail to larc purchasing@ucsf.edu