

SUBMISSION DATE _____

DEDUCT FROM PROTOCOL ONLY
NO TRANSFER REQUIRED

UCLA School of Medicine
Division of Laboratory Animal Medicine
Internal Animal Transfer Record

Instructions

1. This form is used for transferring animals facility-to-facility, room-to-room, rack-to-rack, **or** investigator-to-investigator. **Please use the monthly Breeding Colony Transfer Record when transferring animals between your own breeding colony and your research protocol.** If the data in the 'New Investigator' field will not change, indicate "SAME." New cage cards must be requested for all other changes.
2. All the fields must be completed to facilitate the transfer processes.
3. Specify the cage(s) to be transferred by LABELING each with DLAM pre-printed transfer post its.
4. Return the completed form to Betty Chan in room 1V-203A or via fax<56119> to be completed within 3 working days.

Original Investigator Information		New Investigator Information	
PI Name/Department:		PI Name/Department:	
PI Signature:		PI Signature:	
Contact Name:	Phone :	Contact Name:	Phone :
Protocol Number:		Protocol Number:	Circle a Category: C D E
Recharge ID:		Recharge ID:	
# Animals:		# Cages:	
Current Facility:	Room #:	New Facility:	Room #:
Vendor/Source:		Request Date of Transfer:	
Species:	Strain:	Sex:	
Facility Mgr Approval:		Facility Mgr Approval:	

Comments:

FOR DLAM USE ONLY

Special Quarantine Transfers

Transfer completed by:		Date transferred:	
Contact's name: Dierk Biggs ext. 51826	Date/time:	Initials:	

SpQ Receive Date: _____

SpQ Release Date: _____

Final Transfer

Transfer completed by:		Date transferred:	
Contact's name:	Date/time:	Initials:	