

**SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
LABORATORY ANIMAL PROGRAM**

ANIMAL TRANSFER REQUEST

INSTRUCTIONS

Send the form to Amanda Ingram, Laboratory Animal Program, MC 6506

Date:

From: Investigator Transferring Animals:

To: Amanda Ingram
Laboratory Animal Program
Mail Code 6506

cc: Investigator Receiving Animals:

Subject: Transfer of Animals

Date of Transfer:

Number of Animals to be transferred:

Species and Strain:

Transfer from: _____, Room:

To: _____, Room:

Transfer **FROM** Protocol #:

Account #:

Transfer **TO** Protocol #:

Account #:

Transferring Investigator Signature

Recipient Investigator Signature