

# **SOUTHERN ILLINOIS UNIVERSITY CARBONDALE**

## **ANIMAL TRANSFER REQUEST**

Please email the completed form with both donor and recipient signatures to [LAP@siu.edu](mailto:LAP@siu.edu) and [IACUC@siu.edu](mailto:IACUC@siu.edu).

Date: \_\_\_\_\_

Investigator Transferring Animals: \_\_\_\_\_

Investigator Receiving Animals: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Number of Animals to be Transferred: \_\_\_\_\_

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

Transfer FROM:      LS2      LS3      Room # \_\_\_\_\_

Transfer TO:          LS2      LS3      Room # \_\_\_\_\_

Transfer FROM Protocol #: \_\_\_\_\_

Transfer TO Protocol #: \_\_\_\_\_

Transferring Investigator  
Signature

Recipient Investigator  
Signature

\_\_\_\_\_

\_\_\_\_\_