

**SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
LABORATORY ANIMAL PROGRAM**

ANIMAL TRANSFER REQUEST

Email the completed form with both donor and recipient signatures to lap@siu.edu.

Please copy Amanda Ingram (aingram@siu.edu).

Date:

From: Investigator Transferring Animals:

To: Laboratory Animal Program
Amanda Ingram

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