

UNIVERSITY COMMITTEE ON USE AND CARE OF ANIMALS
 INTRA-UNIVERSITY TRANSFER OR SALE OF RESEARCH ANIMALS
FORM 8225-C

The Office of the University Committee on Use and Care of Animals (UCUCA) requires that this form be completed **in advance** by all Investigators donating or selling live vertebrate animals to other Investigators. This will allow the UCUCA Office to verify that the recipient is approved to use the species being transferred and to adjust the number of animals on the recipients approved application. **The animal transfer process will take a minimum of three (3) business days.** However, USDA covered species and any animals that have undergone procedures checked below may require additional time. Animal transfers will be official as of the verification date below. This form helps to ensure that all animals are accounted for in accordance with USDA regulations, PHS and University policies.

All areas of the form must be completed. Missing information may cause delay in the transfer. When the animal transfer is approved both the Seller/Donor and Recipient will receive an email. If there are additional people who need to be emailed, please include their email here: _____

INFORMATION NEEDED FROM SELLER/DONOR

INVESTIGATOR'S NAME _____ DEPARTMENT _____
 CONTACT NAME: _____ CONTACT PHONE NUMBER _____
 UCUCA PROTOCOL APPROVAL NUMBER: _____ PER DIEM ACCOUNT NUMBER _____
 SPECIES _____ NUMBER OF CAGES _____ TOTAL NUMBER OF ANIMALS TRANSFERRING _____
 IF DOG/CAT, INCLUDE USDA # _____ CURRENT LOCATION - BUILDING & ROOM # _____

HAVE ANY OF THE FOLLOWING PROCEDURES BEEN PERFORMED ON THESE ANIMALS? **CHECK ALL THAT APPLY:**

RECOVERY SURGERY RESTRAINT (>30 MIN.) BIOHAZARD ADMINISTRATION HYBRIDOMA OR TUMOR INDUCTION

PLEASE LIST ANY OTHER PROCEDURES PERFORMED (INCLUDING BREEDING) IF NONE, PLEASE STATE NONE

 AUTHORIZED SIGNATURE _____ DATE _____

INFORMATION NEEDED FROM RECIPIENT

INVESTIGATOR'S NAME _____ DEPARTMENT _____
 CONTACT NAME: _____ CONTACT PHONE NUMBER _____
 UCUCA PROTOCOL APPROVAL NUMBER: _____ PER DIEM ACCOUNT NUMBER _____
 NEW LOCATION - BUILDING & ROOM#: _____
 DATE BY WHICH THE TRANSFER NEED TO OCCUR: _____

WILL ANY OF THE FOLLOWING PROCEDURES BE PERFORMED ON THESE ANIMALS? **CHECK ALL THAT APPLY:**

RECOVERY SURGERY RESTRAINT (>30 MIN.) BIOHAZARD ADMINISTRATION HYBRIDOMA OR TUMOR INDUCTION

PLEASE LIST ANY OTHER PROCEDURES PERFORMED (INCLUDING BREEDING) IF NONE, PLEASE STATE NONE

ANIMAL NUMBERS MUST BE FURNISHED IN EACH APPLICABLE CATEGORY IN THE BOX BELOW

HUMANE USE CATEGORY - (PLEASE SEE UCUCA APPROVED PROTOCOL)					
CATEGORY 1 _____	CATEGORY 4 _____	CATEGORY 7 _____	TOTAL ANIMALS TRANSFERRED		
CATEGORY 2 _____	CATEGORY 5 _____	CATEGORY 8 _____	TO RECIPIENT _____		
CATEGORY 3 _____	CATEGORY 6 _____	CATEGORY 9 _____			

AUTHORIZED SIGNATURE _____ DATE _____

REQUIRED: PLEASE SPECIFY WHO WILL PERFORM THE TRANSFER LABORATORY*** ULAM
 ***(NOTE: IF LAB PERFORMS THE TRANSFER, NEW BARCODES STICKERS WILL BE CREATED AND AVAILABLE FOR PICKUP FROM THE AREA SUPERVISOR)(IF ULAM PERFORMS THE TRANSFER, CHARGES WILL OCCUR)

RETURN COMPLETED FORM TO UCUCA OFFICE AT FAX 6-3234

COPIES TO: UCUCA OFFICE DONOR INVESTIGATOR TECH II ULAM BARCODE TEAM RECIPIENT INVESTIGATOR	FOR UCUCA OFFICE USE _____ VETERINARY APPROVAL DATE	DATABASE ADJUSTMENT BY _____ _____ INITIALS DATE <input type="checkbox"/> UCUCA BY EMAIL DATE
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