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

THE ADMINISTRATIVE OFFICE OF THE UNIVERSITY COMMITTEE ON USE AND CARE OF ANIMALS (UCUCA) REQUIRES THAT ALL INVESTIGATORS DONATING OR SELLING VERTEBRATE ANIMALS TO OTHER INVESTIGATORS COMPLETE THIS FORM IN ADVANCE. 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 RECIPIENT'S APPROVED APPLICATION. **THE ANIMAL TRANSFER PROCESS WILL TAKE A MINIMUM OF THREE 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, AND NIH AND UNIVERSITY POLICY.

INFORMATION NEEDED FROM SELLER/DONOR

INVESTIGATOR'S NAME_____ PHONE NUMBER_____
DEPARTMENT_____ **BUILDING MAILING ADDRESS** _____
UCUCA APPROVAL NUMBER_____ PER DIEM ACCOUNT NUMBER_____
SPECIES_____ NUMBER OF CAGES_____ TOTAL NUMBER OF ANIMALS_____
IF DOG/CAT, INCLUDE USDA #_____ ARRIVAL DATE_____
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 (if none, please state NONE)_____

AUTHORIZED SIGNATURE_____ DATE_____

INFORMATION NEEDED FROM RECIPIENT

INVESTIGATOR'S NAME_____ PHONE NUMBER_____
DEPARTMENT_____ **BUILDING MAILING ADDRESS**_____
UCUCA APPROVAL NUMBER_____ PER DIEM ACCOUNT NUMBER_____

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

HUMANE USE CATEGORY

CATEGORY **D**_____ CATEGORY **1**_____ CATEGORY **4**_____ CATEGORY **7**_____
CATEGORY **E**_____ CATEGORY **2**_____ CATEGORY **5**_____ CATEGORY **8**_____ TOTAL ANIMALS TRANSFERRED
CATEGORY **F**_____ CATEGORY **3**_____ CATEGORY **6**_____ CATEGORY **9**_____ TO RECIPIENT_____

REQUESTED LOCATION – BUILDING & ROOM # _____
DATE BY WHICH TRANSFER NEEDS TO OCCUR_____

CHECK ONE:
☐ CONFIRM TRANSFER BY EMAIL_____
☐ CONFIRM TRANSFER BY FAX_____

REQUIRED: PLEASE SPECIFY WHO WILL PERFORM THE TRANSFER ☐ LABORATORY*** ☐ ULAM
***(NOTE: IF LAB PERFORMS THE TRANSFER, **NEW BARCODE STICKERS MUST BE REQUESTED** FROM THE ULAM BARCODE TEAM AT ULAM-BARCODE@MED.UMICH.EDU OR BY PHONE AT 763-2480)
(NOTE: IF ULAM PERFORMS THE TRANSFER, CHARGES WILL 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 TO BE PERFORMED (INCLUDING BREEDING) _____
AUTHORIZED SIGNATURE_____ DATE_____

RETURN COMPLETED FORM TO UCUCA OFFICE, 018 ARF 5614 OR FAX TO 936-3234

COPIES TO:	FOR UCUCA OFFICE USE	DATABASE
UCUCA OFFICE DONOR INVESTIGATOR TECH II ULAM BARCODE TEAM RECIPIENT INVESTIGATOR	_____ VETERINARY APPROVAL DATE	AJUSTMENT BY_____ _____ INITIALS DATE ☐ UCUCA BY PHONE _____ DATE

H: \UCUCA\OFFICE\FORMS\8225C.DOC 1/22/2008