

# University of Massachusetts – Amherst Animal Transfer Form

date: \_\_\_\_\_ number of animals to be transferred: \_\_\_\_\_ form author: \_\_\_\_\_

species: \_\_\_\_\_ strain: \_\_\_\_\_ sex: \_\_\_\_\_ age: \_\_\_\_\_

<b>DONOR INFORMATION</b>		<b>RECEIVER INFORMATION</b>	
<i>Current Protocol #</i>		<i>Proposed Protocol #</i>	
<i>Principal Investigator</i>		<i>Principal Investigator</i>	
<i>Department</i>		<i>Department</i>	
<i>current vivarium</i>		<i>proposed vivarium</i>	
<i>current room</i>		<i>proposed room</i>	
<i>animal source/origin</i>		<i>-barrier/SPF? (Y/N)</i>	
<i>Please list ALL procedures animal(s) has/have been subjected to prior to this transfer</i>		<i>Please list ALL proposed procedures animal(s) may be subjected to following transfer</i>	
<i>Highest USDA pain category animals have experienced prior to this transfer</i>		<i>Highest USDA pain category animal(s) may experience following transfer**</i>	
<i>comments</i>		<i>comments</i>	
<b>**IACUC Approval may be required if transferring from a lower to a higher USDA Pain Category **</b>			

*AV signature:* \_\_\_\_\_ *date:* \_\_\_\_\_

*comments:*

*IACUC Chair signature:* \_\_\_\_\_ *date:* \_\_\_\_\_

*comments:*