

ANIMAL TRANSFER FORM

INSTRUCTIONS

The following Animal Transfer Form must be completed each time animals are transferred from one Animal Use Protocol to another. The form must be approved by the Comparative Medicine Program prior to animal transfer. The Transfer Form approval process will include a review of both the transferring AUP and the receiving AUP. This is necessary to ensure that animal numbers are properly tracked on AUPs and that animals are not overutilized. Animals that have been subjected to a major survival surgery or other procedure with the potential for more than momentary or slight pain or distress will not be approved for transfer to another AUP with similar procedures without strong scientific justification and consideration by the entire Institutional Animal Care and Use Committee.

Please provide all information requested.

- In Section 5, if animals have been used, please specifically describe the previous use.
- In Section 6, if animals (e.g., dogs or horses) have been held on other AUPs prior to the transferring AUP, please list **ALL** prior AUP numbers. **If animals have been held on multiple AUPs, which include procedures which may result in overutilization, the Attending Veterinarian must endorse the transfer prior to approval.**

If you have any questions, please contact Dr. James Elliott, Executive Director of the Comparative Medicine Program at 845-7433.

Submit the original document with original signatures to the CMP office at mail stop 4473, or by email to comparative-medicine@tamu.edu with both principal investigators emailing their approval from their personal computer at work. The emails showing the email address of the principal investigators will serve as their signature.

**TEXAS A&M UNIVERSITY REQUEST FOR
APPROVAL OF TRANSFER
OF ANIMALS BETWEEN ANIMAL USE PROTOCOLS**

1. Transfer From

AUP #: _____
Title: _____
Principal Investigator: _____
Department: _____
Mail Stop: _____
Building/Animal Room #: _____
(Please mark cages for transfer see attached form)

2. Transfer To

AUP #: _____
Title: _____
Principal Investigator: _____
Department: _____
Mail Stop: _____
Building/Animal Room #: _____
Billing Account Number: _____

3. Species (and individual names or numbers if available): _____

4. Number of Animals: _____

5. Please select one:

- a. _____ Animals have not been used (e.g., surplus animals, extras)
or
- b. _____ Animals have been used previously and have had the following procedures performed:

6. If animals have been held under additional AUPs in the past, list all previous AUP numbers: _____

7. Reason for transfer: _____

8. Signatures

TRANSFERRING PI _____ DATE: _____.

(Attending Veterinarian, if necessary; see instructions: _____ DATE: _____)

RECEIVING PI _____ DATE: _____.

Please send to comparative-medicine@tamu.edu or mail stop 4473.

<p><i>CMP use</i> Health status of supply colony: _____ Health status of receiving colony: _____ Approved by: _____ Date: _____ CMP Approval: _____ Date: _____</p>
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Updated 3/10/2015