

**UVA Center for Comparative Medicine  
Animal Protocol and / or Delivery Request Form**

**BASIC INFORMATION SECTION**

Protocol Animal is currently listed under: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Principal Investigator's e-mail: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Species: \_\_\_\_\_ Strain: \_\_\_\_\_

ID: (Sex, pen #, tag # etc.) \_\_\_\_\_

**Section One: PROTOCOL TRANSFER REQUEST**

Number of animals to be transferred: \_\_\_\_\_ Number of cages to be transferred: \_\_\_\_\_

**Building animals sent from:**

Building \_\_\_\_\_ Room Number: \_\_\_\_\_

Protocol Animal is being transferred FROM: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Principal Investigator's e-mail: \_\_\_\_\_ Telephone Contact #: \_\_\_\_\_

Principal Investigator's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Building Animals to be housed in:**

Building \_\_\_\_\_ Room Number: \_\_\_\_\_

Protocol Animal is being transferred TO: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Per Diem Fund Code: \_\_\_\_\_

**Section Two: DELIVERY REQUEST**

Date Delivery Needed: \_\_\_\_\_ Time Delivery Needed: \_\_\_\_\_  AM  PM

Location of animals: Building \_\_\_\_\_ Room Number: \_\_\_\_\_

Deliver to: Building \_\_\_\_\_ Room Number: \_\_\_\_\_

*Animals must be fully alert in order to be returned to animal housing.*

Return transport to originating facility and room?  Yes  No If Yes, Pick-up time: \_\_\_\_\_

How will cages be marked for transport? \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM

1. Complete the BASIC INFORMATION SECTION
2. If you are only **transferring** an animal(s) from one protocol to another, complete **Section One**.
  - a. **Animals that have had any experimental manipulation may not be transferred between animal protocols.**
  - b. **Only the signature of the principal investigator will be accepted for transfers between animal protocols.**
1. If you are requesting **delivery only** of an animal(s) from one place to another complete **Section Two**. 24 hours notice and veterinary approval from the Director of Comparative Medicine is required for delivery of an animal(s) from one vivarium to another, e-mail shf2b@virginia.edu and state where they are coming from and going to.
2. If you are requesting transfer of an animal(s) from one protocol to another **and also** requesting delivery to another location complete both sections one and two.
3. Fax to the completed form to 4-0354.