



ANIMAL TRANSFER REQUEST FORM

Form to be completed for transfer of animals on a SUNY at Buffalo Approved IACUC Protocol for change of campus, facility, investigator, protocol, account, or housing. Please Note: This form will be returned, if incomplete.

Requested by: _____

Transfer Date: _____

Phone Number: _____

Transfer From				Transfer To			
Facility				Facility			
Room				Room			
Housing (Circle One)		Conventional	Sterile(SPF)	Housing (Circle One)		Conventional	Sterile(SPF)
		Sterile	BSL2			Sterile	BSL2
Investigator				Investigator			
Protocol number				Protocol number			
Contact Person				Contact Person			
Phone Number				Phone Number			
Quantity		Species	Rat/mice	Quantity		Species	

Have the animals been exposed to Hazards? (Please Mark One) ☐ Yes ☐ No

If Yes, Please Explain: _____

Note: Please fill out a separate transfer form for each species, room, or protocol.

Number of cages to be transferred _____

CAGE CARD NUMBERS OF ANIMALS TO BE TRANSFERRED

Sending Investigator Signature: _____

Date: _____

Please submit form to LAF 116 BEB or email form to: Miriam M-M mmoldenh@buffalo.edu and

Lisa R. Powell lrpowell@buffalo.edu

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