

# Animal Transfer Form

DHHS/NIH/OLAW ASSURANCE D16-00135 (#A-3216-01)

EFFECTIVE: 04/05/2022 – 3/31/2026

This form is required to transfer animals from one IACUC-approved protocol to another (active & approved) protocol.

To submit: Complete ALL sections; sign, date, and return to the IACUC Office [IACUC@uwyo.edu](mailto:IACUC@uwyo.edu)

**FOR IACUC USE**

\_\_\_\_\_ (#/strain/species) may be removed from **Protocol** \_\_\_\_\_ and added to **Protocol** \_\_\_\_\_ and moved on or after \_\_\_\_\_ (date)

FROM:	TO:
Principal Investigator: _____	Principal Investigator: _____
Email: _____	Email: _____
Department: _____	Department: _____
Protocol # _____	Protocol # _____
Building: _____ Room # _____	Building: _____ Room # _____
Lab Contact: _____	Lab Contact: _____
Lab Contact phone & email: _____	Lab Contact phone & email: _____
NOTE: PI is responsible for any MTA restrictions.	
PI Signature	PI Signature
Date	Date

**ANIMALS TO BE TRANSFERRED**

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

Number of animals: \_\_\_\_\_

Identification: \_\_\_\_\_  
(animal/cage #, etc.)

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Procedure(s) history of animal(s):

- None
- Breeding
- Has undergone surgery
- Has had painful / distressful procedures performed:
- Has been inoculated with a biohazard / chemical hazard: \_\_\_\_\_

Other: \_\_\_\_\_

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Procedure(s) to be conducted on the animal(s): \_\_\_\_\_


