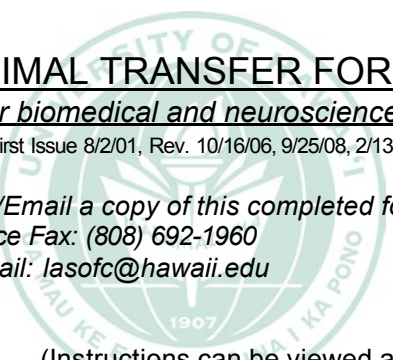


ANIMAL TRANSFER FORM T-1
for biomedical and neuroscience activities

(First Issue 8/2/01, Rev. 10/16/06, 9/25/08, 2/13/13, 11/16/16)

Fax/Email a copy of this completed form to AVS
 Office Fax: (808) 692-1960
 Email: lasofc@hawaii.edu



For Official Use Only

AUTHORIZATIONS
 Research Compliance Officer _____ Date _____
 Regulatory Compliance Officer _____ Date _____
 UH Veterinarian _____ Date _____
 OEC Approval _____ MTA Date _____
 DOA Permit # _____

(Instructions can be viewed at <https://www.hawaii.edu/researchcompliance/animal-orders-transfers>)

Sender Information

Principal Investigator Sending Shipment _____
 Phone No. _____ Fax No. _____ Email _____
 Address _____
 Name of Contact in Animal Facility _____
 Phone No. _____ Fax No. _____ Email _____

Recipient Information

Name of Principal Investigator Receiving Shipment _____
 Phone No. _____ Fax No. _____ Email _____
 Name of Contact in Laboratory Animal Facility _____
 Phone No. _____ Fax No. _____ Email _____

Species	Strain	Number	Sex	Special Requirements

Protocol Approval

Are these Animals Transgenic/Knockout/Recombinant/Cloned (*circle one*) Yes No
 Current OEC Approval: Yes No Expiration Date _____
 Will you be using these animals for breeding? Yes No
 If yes, do you have an approved protocol for breeding Yes No
 Courier Name (*for out of state transfers*) _____ Account be Billed (*with Courier*) _____

If animals are being sent from UH, where are they currently being housed?

Building _____ Room Number _____ Special markings on cage _____

If animals are being received by UH, where would you like them to be housed?

Building _____ Room Number _____

Anticipated date for transfer of animals (Subject to AVS approval) _____

For Animal being sent to other institutions please provide the exact information below:

Institution _____
 Street Address _____
 Building/Room No. _____
 City _____ State _____ Zip Code _____
 Attention (Name of Contact) _____ Phone: _____

Forms missing critical information will be returned to PI without processing.

(Delivery Confirmation: After receiving animals please sign & date and Fax to (808) 692-1960

Print Recipient Name _____ Sign _____ Date _____

Final Carcass Disposal Confirmation: After animal carcass disposal is complete, please sign, date and fax to (808) 692-1960 or email lasofc@hawaii.edu

Print Name _____ Sign _____ Date _____