

FOR CMP USE ONLY:
Transfer ID # : _____
Date Submitted: _____
Date Completed: _____

**TEXAS A&M UNIVERSITY
REQUEST FOR APPROVAL OF TRANSFER
OF ANIMALS BETWEEN PROJECTS**

Email: comparative-medicine@tamu.edu • Fax: (979)845-6706 • Mail Stop: 4473

1. Transfer from AUP #: _____

Title: _____

Principle Investigator: _____

Department: _____

Building & Animal:

Room Number: _____

(Please mark cages for transfer with Transfer Pending cards)

2. Transfer to AUP #: _____

Title: _____

Principle Investigator: _____

Department: _____

Building & Animal:

Room Number: _____

Account Number: _____

3. Species: _____

4. Cage Card Numbers & Number of Animals:

Cage Card #	# of Animals in Cage

5. Please select one:

- Animals have not been used (e.g., surplus animals, extras)
- Animals will be used upon arrival
- Animals have been used previously and have had the following procedures performed under the following protocols:

AUP #	Procedure Description

6. Reason for Transfer: _____

7. Signatures

TRANSFERRING PI: _____ DATE: _____

RECEIVING PI: _____ DATE: _____

FOR CMP USE ONLY:

Health Status of Supply Colony: _____

Health Status of Receiving Colony: _____

Health Status Approval: _____ Date: _____