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| **FOR FLORIDA INSTITUTE OF TECHNOLOGY IACUC USE ONLY** |
| **IACUC Reviewer/Designee Signature:** |  | **Date:** |  |

**ANIMAL TRANSFER FORM – INTERNAL**

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

Florida Institute of Technology

150 West University Blvd.

Melbourne, FL 32901

iacuc@fit.edu

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| **DONOR PROTOCOL INFORMATION** |
| Donor IACUC Protocol #  | Click here to enter text. |
| PI Name | Click here to enter text. |
| Species & Number of Each Being Transferred | Click here to enter text. |
| Animal Housing Location (Building & Room #)  | Click here to enter text. |
| Procedure(s) Previously Performed on Animal(s) | Click here to enter text. |
| Donor PI Signature: | Date: Click here to enter text. |

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| **RECIPIENT PROTOCOL INFORMATION** |
| Recipient IACUC Protocol #  | Click here to enter text. |
| PI Name | Click here to enter text. |
| Animal Housing Location (Building & Room #)  | Click here to enter text. |
| Procedure(s) to be Performed on Animal(s) | Click here to enter text. |
| Recipient PI Signature: | Date: Click here to enter text. |
| By signing above, I assure that animals being transferred will be used in accordance with the approved procedures listed in the active protocol number identified above as the recipient protocol.  |