|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto:iacuc@fit.edu)

|  |  |  |
| --- | --- | --- |
| **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. |

|  |  |  |
| --- | --- | --- |
| **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. | | |