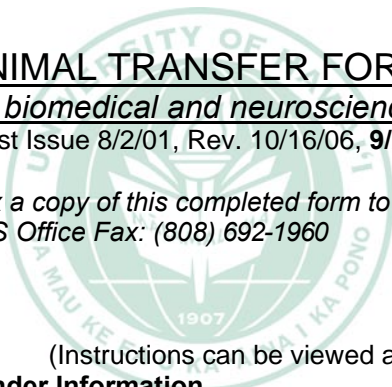


ANIMAL TRANSFER FORM T-1
for biomedical and neuroscience activities
 (First Issue 8/2/01, Rev. 10/16/06, **9/25/08**)

*Fax a copy of this completed form to
 LAS Office Fax: (808) 692-1960*



For Official Use Only

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

(Instructions can be viewed at www.hawaii.edu/LAS under the Investigator Information)

Sender Information

Name of Principal Investigator Sending Shipment _____
 Phone No. _____ Fax No. _____ Email _____
 Address _____
 Name of Contact in Laboratory 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 protocol number for these animals _____ 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 LAS 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) _____

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 _____