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e-Sirius Reference #_____

Saint Louis University -- Comparative Medicine

ANIMAL DATA TRANSFER FORM

PI INSTRUCTIONS:

1. All transfers require at least two working days to process. However, if the transfer involves any movement of animals, please allow up to five working days from the date Comparative Medicine receives the completed and approved transfer form.
2. **All transfers will be subject to a transfer fee of $10.00.**
3. Return the completed form to the Comp. Med. Managers office

** 4. Comparative Medicine **account number is essential** to complete the transfer. Without the number the transfer cannot be completed.

CM INSTRUCTIONS:

After cage card transfer is completed sign and take this form and the original cage cards to CM business office.

ORIGINAL PI

PROTOCOL #:_____
PI NAME: _____
DEPT: _____
PHONE #: _____
PRESENT HOUSING RM: _____
VENDOR: _____
SPECIES: _____
STRAIN: _____
SEX: _____
QUANTITY: Animals:_____ Cages:_____
TRANSFER DATE::_____

Original Cage Card # and # of animals/cage: (*If necessary, attach additional page)*

ID #	# animals	ID#	#animals

AUTHORIZED SIGNATURE OF REQUESTOR:

NEW PI

****ACCOUNT #:**_____
PROTOCOL #:_____
PI NAME: _____
DEPT: _____
PHONE #: _____

PER DIEM CATEGORY: Single ☐

Standard ☐ Containment ☐ Breeder ☐

NEW HOUSING RM:_____
CONTACT PERSON & PHONE #:

_____
AUTHORIZED SIGNATURE OR REPRESENTATIVE OF NEW PI:
_____ DATE:_____

*********** CM USE ONLY **************

New Cage Card # and # of animals/cage:

ID #	# animals	ID#	#animals

The transfer of animals will be in the quantity as indicated above and the responsibility for the animal care charges will transfer per the indicated effective date, upon approval by the appropriate veterinarian.

Comments: _____
_____
_____
_____

_____
CM Technician Date

_____
CM Procure/Census Coordinator Date

_____
Veterinary Signature Date