

**Office Use:**

Submitted: \_\_\_\_\_ IACUC Approved: \_\_\_\_\_

CLAF Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transfer From:**

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Species: \_\_\_\_\_ Strain: \_\_\_\_\_

Transfer Date: \_\_\_\_\_ Animal Use Protocol # \_\_\_\_\_

Number of Animals: \_\_\_\_\_ Animal Location:  
Building and Rm # \_\_\_\_\_

Cage card number(s): \_\_\_\_\_

Have these animals been used in any procedures:  No  Yes (Requires veterinary approval)

If yes, please describe:

**Principal Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Transfer To:**

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal Use Protocol # \_\_\_\_\_ Animal Location:  
Building and Rm # \_\_\_\_\_

Number of Animals Approved on AUP: \_\_\_\_\_ Number Used Before Transfer: \_\_\_\_\_

Cost Center Number:

Note: New cost centers affiliated with federal  
funding will be subject to a congruency check \_\_\_\_\_

**Principal Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fill out the above form and send to [claf@uark.edu](mailto:claf@uark.edu). Once the CLAF manager has given approval it will be sent to the IACUC program manager for final approval and all parties will be notified.

If you have questions regarding your current animal numbers, please contact the CLAF manager at [claf@uark.edu](mailto:claf@uark.edu) or the IACUC program manager at [iacuc@uark.edu](mailto:iacuc@uark.edu). The IACUC program manager can also answer questions about cost center numbers, congruency checks, or anything else pertaining to this form.