

**ANIMAL TRANSFER FORM T-1**  
*for biomedical and neuroscience activities*  
 (First Issue 8/2/01, Rev. 10/16/06, 9/25/08, 2/13/13, 11/16/16)

Fax/Email a copy of this completed form to AVS  
 Office Fax: (808) 692-1960  
 Email: avsofc@hawaii.edu

*For Official Use Only*

**AUTHORIZATIONS**  
 Research Compliance Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Regulatory Compliance Officer \_\_\_\_\_ Date \_\_\_\_\_  
 UH Veterinarian \_\_\_\_\_ Date \_\_\_\_\_  
 OEC Approval \_\_\_\_\_ MTA Date \_\_\_\_\_  
 DOA Permit # \_\_\_\_\_

(Instructions can be viewed at <https://www.hawaii.edu/researchcompliance/animal-orders-transfers> )

**Sender Information**

Principal Investigator Sending Shipment \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Contact in 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 OEC Approval # \_\_\_\_\_ 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 AVS 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) \_\_\_\_\_ Phone: \_\_\_\_\_

**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 \_\_\_\_\_

Final Carcass Disposal Confirmation: After animal carcass disposal is complete, please sign, date and fax to (808) 692-1960 or email avsofc@hawaii.edu

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_