

**Office of Laboratory Animal Care  
University of Tennessee**

**SACS Colony Transfer Request Form**

Note: All animals will transfer out of and return to the colony holding protocol, Schumacher 1543.  
Transfers between PI's will not be allowed unless delineated in the IACUC protocol or approved by the AV.

Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Protocol: \_\_\_\_\_ Pain Category: \_\_\_\_\_

Account Number to Bill: \_\_\_\_\_

Total Number of Animals to be Transferred: \_\_\_\_\_

Animal Identification Number or Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Animal(s) Needed: \_\_\_\_\_

Ideal Animal Housing Location for Protocol: \_\_\_\_\_

Person Requesting (PI or designee): \_\_\_\_\_

**Signature of Attending Veterinarian/Clinical Veterinarian**

\_\_\_\_\_ Date: \_\_\_\_\_

Please provide any special information or requests related to fasting, housing or restrictions on enrichment. Enrichment includes music, olfactory mists, playtime, and food treats. You may contact OLAC to find out the standard enrichment or feeding schedule,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_