

Office Use Only  
Date Received

Donor Protocol#

Recipient Protocol #

MEHARRY MEDICAL COLLEGE  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**Request to Transfer Animals to Another Approved Protocol**

**Donor Protocol**

**Recipient Protocol**

Principal Investigator

Department

Phone

E-Mail

Project Title

Funding Source

Sponsor Number

Project period:

From: mm/dd/yy

To: mm/dd/yy

Emergency Contact Number

Emergency E-mail:

List the title of the donor protocol that the animals will be transferred from:

List the title of the recipient protocol that the animals will be transferred to:

Select the species and category(s) (1, 2) involved in this change for both protocols:

**Donor**

Species

Category

**Recipient**

Species

Category

**Description of and justification for this change:**

Signature

Date

Signature

Date