



Request Form for Transports & Transfers between ACUP Facilities

Centre for Comparative Medicine | 4145 Wesbrook Mall, Vancouver, BC V6T 1W5
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Email completed form to anca.orders@ubc.ca with the sending Principal Investigator's name in the subject.

Please complete and submit this form electronically. You MUST be an authorized user per the [ISD Form](#).

CONTACT INFORMATION	
Date:	Mosaic ACUP Transfer Task #:
Requested Transfer date:	Department:
Contact person(s):	
Phone:	Email:

TRANSFER DETAILS – between ACUP facilities	
SENDING INFORMATION	RECEIVING INFORMATION
Principal Investigator:	Principal Investigator:
Protocol:	Protocol:
Colony:	Colony:
Facility (housing area/zone/room # if known):	Facility (housing area/zone/room # if known):

TRANSPORT DETAILS	
Item (e.g. mice, rat, sample, other):	
# of animals/samples/other:	# of packages (crates, boxes):
Animal details (e.g. sex, age):	
Unique Identifier (Animal ID, Cage#)*	
Pickup Location:	Dropoff Location:
☐ Animal Care Services will arrange for transport ☐ Lab will arrange for transport (please specify transport details (who, how, etc.) in Notes below) ☐ I have read and agree to adhere to the requirements found in the appropriate UBC ACC animal transport policies	
For animal transfers only: I confirm that ☐ animals are healthy enough to be transferred ☐ animals are naïve (If NO, specify procedural details in Notes)	☐ animal # and sex are within approved # of the receiving protocol ☐ species & strain are covered by the receiving protocol ☐ housing/exptl. location is covered by the receiving protocol
Notes:	

* Not required if Mosaic ACUP Transfer Task # is stated

PAYMENT INFORMATION
Workday Program/Grant/Project/Gift:

INTERNAL USE ONLY	
☐ Sending Facility Manager Approval?	☐ Receiving Facility Veterinarian Approval?
☐ Receiving Facility Manager Approval?	☐ Approval documents attached?

No Pre-Approved Internal Sales Delivery Authorization? Please fill out and submit the [Internal Sales Delivery Form \(pre-approval form\)](#) indicating "one time." If there is a change to your Workday Worktag, please submit a signed [Internal Sales Delivery Form](#) for each Primary/Driver Worktag you wish to have set up for billing purposes with ACS.