

## Request Form for Transports & Transfers between ACUP Facilities

Centre for Comparative Medicine | 4145 Wesbrook Mall, Vancouver, BC V6T 1W5  
 Phone: 604-827-4938

Email completed form to [anca.orders@ubc.ca](mailto: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:	Facility:
Veterinarian:	Veterinarian:

TRANSPORT DETAILS	
Item (e.g. mice, rat, sample, other):	
# of animals/samples/other:	# of packages (crates, boxes):
Unique Identifier (Animal ID, Cage#)*	
Pickup Location:	Dropoff Location:
<input type="checkbox"/> Animal Care Services will arrange for transport <input type="checkbox"/> Lab will arrange for transport (please specify transport details (who, how, etc.) in Notes below) <input type="checkbox"/> I have read and agree to adhere to the requirements found in the appropriate <a href="#">UBC ACC animal transport policies</a>	
<b>For animal transfers only:</b> I confirm that <input type="checkbox"/> animals are healthy enough to be transferred <input type="checkbox"/> animals are naïve (If NO, specify procedural details in Notes)	<input type="checkbox"/> animal # and sex are within approved # of the receiving protocol <input type="checkbox"/> species & strain are covered by the receiving protocol <input type="checkbox"/> 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	
<input type="checkbox"/> Sending Facility Manager Approval? <input type="checkbox"/> Receiving Facility Manager Approval?	<input type="checkbox"/> Receiving Facility Veterinarian Approval? <input type="checkbox"/> 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.