MOREHOUSE SCHOOL OF MEDICINE

Center for Laboratory Animal Resources

Off-Site Animal Transportation Form

Investigator: _____

Extension: _____

Protocol #: _____

I _____ request CLAR Staff to transport:
(Investigator's Name)

# of Animals: _____

Species: _____

Date Requested: _____

Place of Origin: _____

Destination: _____

Arrival Time: _____
(Time animals @ destination)

Pick-up Time: _____
(Time animals should be picked up)

Other notes: _____
_____
_____
_____
_____

By signing this form, I confirm that CLAR is responsible for the transportation and the proper handling and housing of animals, as well as cleaning and maintaining of cages according to the guidelines.

_____
(Name of Investigator)

_____
(Date)

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