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| **Transfer of Principal Investigator** | | | | | |
| **Principal Investigator:** | |  | | | |
| **Title of Protocol:** | |  | | | |
| **Protocol Number:** | |  | | | |
| **Date of Amendment Submission:** | | |  | | |
| **USDA Pain and Distress Category:** | | |  | | |
|  | | | |  | |
| 1. **List the new principal investigator and contact information.** | | | | |
| Name and Degree: | | | | Department: |
|  | | | |  |
| Office Address: | | | | E-mail Address: |
|  | | | |  |
| Office Phone: | | | | Laboratory Phone (if applicable): |
|  | | | |  |

1. **List the reason for the change in principal investigator:**

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1. **As the current principal investigator or department head, I authorize the transfer of this protocol to the PI listed above:**

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|  |  |  |
| Signature of Current Principal Investigator or Department Head |  | Date |

1. **As the new principal investigator, I have read and agree with the following.**

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| ***Your signature as Principal Investigator (PI), co-PI, or Instructor on this form verifies that: 1) the information contained herein is accurate, 2) you will comply with the legal standards and be held responsible for animal care and use established under federal and state laws and university policies, 3) you are responsible for assuring all listed personnel in this protocol are appropriately trained in animal procedures.*** |

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| Signature of Principal Investigator: |  | Date: |  |
| IACUC Approval  Signature of IACUC Chair: |  | Date: |  |