# Washington State University

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**Animal Transport Form**

 If this is an interstate or international transport, a certificate of veterinary inspection is likely required. Contact OCV.

To be used under Policy #33. Complete this form for WSU animal transportation on public roads between campuses or other destinations. Refer to the [WSU IACUC Policy #33 Animal Transportation](https://iacuc.wsu.edu/documents/2016/06/policy_33-3.pdf/) for instruction. A completed copy of this inventory and other necessary transportation documents must accompany the shipment. Return a copy to OCV office by email to or.ocv.alert@wsu.edu or Fax to 1-509-335-3162.

**Please write legibly**

**Personnel** **Information**  Driver name: Cell phone #: Investigator name: WSU IACUC ASAF #:

**Animal Information** Species of animal to be transported (list all): Number of Animals in Shipment:

Transfers of specific-pathogen-free rodents must have prior approval from the Office of the Campus Veterinarian and the vivarium manager. Transport of USDA-covered species requires inspection of the vehicle. Contact OCV or the WSU IACUC to arrange inspection.

**Hazard Information: IF ANY ITEMS ARE CHECKED, LIST THE HAZARD AND CARRY APPROVED HAZARD TRANSPORT SOP** Animals inoculated, infected or treated with project-specific hazardous infectious agent, chemical or radiation hazards require an agent/hazard-specific transportation SOP approved by the WSU IACUC, WSU Institutional Biosafety Committee and/or WSU Radiation Safety Office. SOP approval must be obtained prior to transport and must comply with local, federal and state regulations for the transportation of hazardous materials.

The animals have **NO** known infectious agent, chemical or radiation hazard

The animals have been treated with a chemical or pharmacological hazard

The animals have been infected with a hazardous microorganism (bacteria, virus, or parasite) The animals have been treated with a radioactive substance

Other hazard(s), please explain

|  |  |
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| **Shipping From:** |  |
| Campus/Institution: |  |
| Vivarium/Building: |  |
| Principal Investigator/Laboratory Contact: |  |  |
| Phone number: | Date of shipment: |  |
| **Shipping to:** |  |
| Campus/Institution: |  |
| Vivarium/Building: |  |
| Principal Investigator/Laboratory Contact: |  |
| Phone Number: |  |  |
| **EMERGENCY CONTACT:** OFFICE OF THE CAMPUS VETERINARIAN 1-509-330-1871 OR 1-509-335-6246 |  |

WSU IACUC Policy #33 Approved 11/27/2023.