【Form 12】

Letter of Acceptance for Laboratory Animal Transfer

1) Shipping animals

Spices:

Strain Name:

Character (foreign gene(s) in genetically modified animals, disease progression etc.):

2) Transferor

● **Principal Investigator**

Name:

   Printed   Signature

Title:

Date (DD/MM/YY):

Institution, Department:

Street Address, Zip Code, Country:

Phone:

e-mail:

● **Animal Experiment Protocol**

Research Title:

Approval Number:

● **Protocol using for genetically modified animals**

Research Title:

Approval Number:

● **Animal Facility**

Director's Name:

   Printed   Signature

Title:

Date (DD/MM/YY):

Institution, Department:

Street Address, Zip Code, Country:

Phone:

e-mail:

【Form 12】

3) Recipient

● **Principal Investigator**
Name:
    Printed   Signature
Title:
Date (DD/MM/YY):
Institution, Department:
Street Address, Zip Code, Country:
Phone:
e-mail:

● **Animal Experiment Protocol**
Research Title:
Approval Number:

● **Protocol using for genetically modified animals**
Research Title:
Approval Number:

● **Animal Facility**
Director's Name:
    Printed   Signature
Title:
Date (DD/MM/YY):
Institution, Department:
Street Address, Zip Code, Country:
Phone:
e-mail: