

UNIVERSITY LABORATORY ANIMAL RESEARCH

Breeding/ Offspring Record

PI Name _____

Reporting month _____

Protocol # _____

Number of pups weaned this month. _____

If pups were transferred to another protocol please list the protocol # _____ and the number of pups transferred _____.

If transferred, be sure to complete the animal transfer form and submit to the IACUC.

Please do not include those pups that were euthanized prior to weaning. The numbers given on this sheet will be subtracted from the total animals approved on the protocol.

Fax sheet to 215-762-7449 or send to MS 436 New College Building on the 1st of every month, or email it to Andrea McCurry, amccurry@drexelmed.edu