



Division of Animal Resources

EMORY UNIVERSITY SCHOOL OF MEDICINE

Whitehead Biomedical Research Building
615 Michael Street, Room G02, Atlanta, GA 30322

Phone: (404) 727-7423
Fax: (404) 727-8762

FACSIMILIE TRANSMISSION SMARTKEY CHANGE REQUEST

This form will change all usage of the requested account in the DAR database.
To change only a sub-population of animals, please use the Animal Protocol Transfer Form.

This change applies for 90 days only!!

Please notify your departmental staff to cease requesting animals or cagecards against this Smartkey immediately. Make sure that all pre-printed cagecards/cage labels using this Smartkey are turned into DAR and a transfer requested against the cagecard numbers.

TO: Emory (DAR) - Customer Service Representative

FROM: _____
Full Name

() ____ - ____
Phone Number

Department

Email Address

Project Investigator: _____

Indicate Department of Change: DAR Yerkes School of Medicine

Smartkeys Closed or Incremented

New Smartkey

As of:

Project Investigator: _____

Smartkeys Closed or Incremented

New Smartkey

As of:

Updated:5/19/2009

OFFICE USE ONLY:

- | | | |
|--|-----------------|-------------|
| <input type="checkbox"/> Transfer form complete | Initials: _____ | Date: _____ |
| <input type="checkbox"/> Facilities alerted to make new cage cards | Initials: _____ | Date: _____ |
| <input type="checkbox"/> Billing Run – Checked and Confirmed | Initials: _____ | Date: _____ |