

MAES R/E Center Animal Use Request Form

(Typed request required for each experiment/demonstration/function - without an ACC approved protocol, request will not be considered)

Principal Investigator:

Date:

Department:

Telephone #:

R/E Center:

Facility:

Co-researcher(s)/Affiliation:

MAES Project #:

UME Project #:

Other:

Experiment/Function Title:

Start Date:

End Date:

Experiment Protocol: *Attach a 1-3 page summary of design, treatment schedule, sampling schedule, etc.*

Does the research involve treatment that will require extra costs and/or alter the production level or sale value of the animal or its offspring? Yes ___ No ___ If yes, explain:

If answering 'yes' to any of the following, please explain:

- a. Terminal for the animal. Yes ___ No ___
- b. Permanent alteration because of surgery, diet, or other treatment. Yes ___ No ___
- c. Affects growth and development. Yes ___ No ___
- d. Affects the breeding age or breeding data. Yes ___ No ___
- e. Movement from facility. Yes ___ No ___

What services, other than availability of animals, will be requested of regular animal caretakers?

What are you requesting R/E Center Facility to supply?

What will you supply?

Monetary or in-kind support:

Animal Use Authorization Number:

MAES ACC:

Campus ACUC:

Principal Investigator _____

Department Chair _____

Facility Manager _____

Center Head _____

Signature

Date