

New Faculty/Investigator Vivarium Space Request

PRINCIPAL INVESTIGATOR

PI First Name

PI Last Name

Email

Phone

Department Contact

Department Phone

Department Email

SPACE REQUEST DETAILS

Campus: Medical Campus Charles River

Species Used:

Rat

Mouse

Zebrafish

Aquatic _____(species)

Other _____(species)

Estimated colony size at transfer:

Expected rederivation needs:

Estimated date of colony transfer:

Projected colony size at 3 years:

Special housing needs:

ABSL2

Reverse light cycle

Chemical hazard

Immunodeficient (sterile caging)

Other (describe below)

Describe adjunct space needs (e.g. access to imaging, procedure space, in/out transport to lab):

COST ESTIMATE FOR REQUESTED SERVICE (ASC USE)

AUTHORIZATION

As the Department Chair, I acknowledge that funds to cover the above estimate will be included in the faculty start-up package and/or come from the Department.

Department Chair Signature

Date

ASC Facility Manager Signature

Date

ASC Director Signature

Date

Investigator Signature

Date