

## SPACE REQUEST FORM

Request date \_\_\_\_\_ Project start date: \_\_\_\_\_

Anticipated duration: \_\_\_\_\_  
(If intermittent, indicate time periods)

Investigator's name: \_\_\_\_\_ LAS DATE STAMP:

Telephone extension: \_\_\_\_\_

Protocol number: \_\_\_\_\_

Species of animal: \_\_\_\_\_

Total number to be used/year: \_\_\_\_\_

Range of daily census: \_\_\_\_\_  
(Indicate high and low populations)

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Check any use of the categories listed below.

SURGERY:  Terminal  Survival  Multiple  
BREEDING:  YES  NO

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Are special facilities/caging required for the project?  YES  NO  
(e.g., metabolism cages, isolation/quarantine cubicles, need for animals to be housed individually, GLP study, etc.) If YES, attach sheet describing details.

Are the use of toxins or radioactivity involved?  YES  NO  
Specify: \_\_\_\_\_

Will the LAS staff be providing routine care/feeding of these animals?  YES  NO  
( If NO, attach sheet specifying how and by whom care will be provided)

Please list below, emergency contact persons and phone numbers for yourself and/or any persons involved in this study. Be sure to include telephone numbers of persons who may be contacted during evenings, weekends and holidays. NOTE: These numbers will be held in the strictest confidence and will only be used in emergency situations.

Additional comments:

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date

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WHITE: LAS

YELLOW: IACUC file

PINK: Investigator