**SHSU Science Annex Room Use Application Form**

IACUC approval number:

Principal Investigator Name:

Department:

Advisor (if applicable):

Campus email:

Names, affiliations and email addresses of any other investigators authorized to work on this study (These names must be listed on the IACUC protocols and only these people will be granted access to the research room, any amendments made to this list must go through the appropriate IACUC channels before access privileges will be changed):

Species:

Colony Size:

Source of Specimens:

Specialized care required from SHSU Science Annex personnel:

Anticipated run time for study:

Destination/endpoint for animals at conclusion of study:

Unique accommodations required by investigators:

I, the undersigned, certify that the above information accurately depicts the current plan for this study and understand that completion of this form does not guarantee the availability of space for the proposed study. Furthermore, completion of this form is not an indicator that animals can be ordered or delivered to the facility. Once the Operations Manager has reviewed your application, you will be contacted regarding how to proceed.

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Principal Investigator date

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Advisor (if applicable) date

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Department Head date