Satellite Procedure Location Request

JUSTIFICATION IS REQUIRED IF A LIVE VERTEBRATE ANIMAL MUST BE MANIPULATED IN AREAS OUTSIDE OF LAMS CORE FACILITIES. PRIOR IACUC INSPECTION AND APPROVAL IS REQUIRED IF SURVIVAL SURGERY WILL BE PERFORMED IN THE ROOM. THIS FORM MAY NOT BE USED TO REQUEST SATELLITE HOUSING (USE FORM #F-02). WHILE MULTIPLE ROOMS MAY BE LISTED, PLEASE SUBMIT ONE FORM PER PROTOCOL. HANDWRITTEN FORMS WILL NOT BE ACCEPTED.

ALL PERSONNEL EXPOSED TO ANIMALS MUST BE ENROLLED IN THE UNIVERSITY’S OCCUPATIONAL HEALTH AND SAFETY PROGRAM. PLEASE ATTACH A LIST OF ALL PERSONNEL THAT MAY BE EXPOSED TO ANIMALS. NOTE IN AREAS THAT ARE NOT CONTAINED (I.E. AREAS THAT DO NOT HAVE DOORS) ALL PERSONNEL IN THE AREA MUST BE LISTED. THIS MAY INCLUDE PERSONNEL THAT ARE NOT WORKING WITH ANIMALS. FOR EXAMPLE, IF LIVE VERTEBRATE ANIMALS WILL BE MANIPULATED IN THE CVC OR THE VONTZ, ALL PERSONNEL THAT ACCESS THAT AREA MUST BE LISTED.

Date:

Principal Investigator: Protocol Number:

Department: Mail Location:

Area(s) where live animals will be manipulated (Building and Room Number):

NOTE: IF WORKING IN THE VONTZ OR CVC, PLEASE LIST EACH SPECIFIC BENCH NUMBERS.

Please check all species that may be manipulated in this area:

☑ Mice ☐ Rats ☐ Hamsters ☐ Frogs, salamanders, etc. ☐ Other:

Please provide justification why live vertebrates animals must be removed from LAMS core facilities:

Will survival surgery be performed in any of the above-mentioned rooms? ☐ No ☐ Yes

If yes, which room(s)?

Principal Investigator or co-Principal Investigator’s Endorsement:

If overnight housing will occur in any of the rooms listed above, I ensure form #F-02 has been submitted. I ensure that all personnel who could be exposed to animals in this area are in the attached list.

Signature: ________________________________ Date: _________________________