**University of Mississippi Vivarium ~ Space Use Application**

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| **Instructions:** Send completed form to Harry Fyke, D.V.M., Attending Veterinarian, B 103 NCNPR  Or hfyke@olemiss.edu  For questions, email Mandy King (mlking9@olemiss.edu) or Dr. Fyke (hfyke@olemiss.edu). | | | | | | | |
| **PI Name** | | | | **Department** | | | |
| **UM Phone** | **UM E-mail** | | | | | **Protocol #** | |
| **Project Title** | | | | | | | |
| **Funding Agency** | | | | | | | |
|  | | | | | | | |
| **Type and Approximate Number of Each Species:** | | | | | | | |
|  | |  | |  | | |  |
| **Vendor Names (or in-house breeding colony):** | | | | | | | |
|  | |  | |  | | |  |
| **Anticipated Start and End Dates for Animal Use:** | | | | | | | |
| **species** | | | | **start** | | | **end** |
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| **Anticipated Procedure Room Use:** | | | | | | | |
| **Hours/Day** | | | **Days/Week** | | **Weeks/Year** | | |
| * If you can use existing lab space (i.e., either your assigned space or sharing with others) please specify which room(s) and PIs. * Where sharing is not possible, please list room(s) needed by room number, and explain requests for extended, continuous use [i.e., more than a few weeks]. * If room use (and/or animal numbers) will vary across years of your project, please describe. | | | | | | | |
|  | | | | | | | |
| **Special Space Needs:** | | | | | | | |
| **Procedure Room** [hood, sink, etc.] | | | | | | | |
| **Housing** [special cages; isolation from existing colonies: special lighting schedules, hazardous agent use, chronic pain, immunologically compromised animals] | | | | | | | |
| **Ventilation** [positive/negative] | | | | | | | |
|  | | | | | | | |
| **Signatures (electronic acceptable):** | | | | | | | |
| **Principal Investigator** **Date** | | | | | | | |
| **Department Chair**  **Date** | | | | | | | |

Updated on 10-05-2020