|  |  |
| --- | --- |
| **Title of Project** |  |

**A. Client Information**

|  |  |
| --- | --- |
| **PI Name and Title** |  |
| **Protocol #** |  |
| **Department** |  |
| **UPitt/UPMC Account Number** |  |
| **Phone Number** |  |
| **E-mail** |  |
| **Lab Location** |  |

**B. Animal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **# of Mice** | **Strain** | **Age** | **Sex** | **ID Method** | **Source**  |
|  | **GF-B6** | Click or tap here to enter text. | Choose an item. | **Ear Punch** | Choose an item. |

**C. Caging Information**

(Alternative feed/bedding/water **MUST** be sterilized in a way that does not cause contamination upon introduction into isolator)

|  |  |
| --- | --- |
| **Will alternative bedding be needed?** | Choose an item. |
| **Will alternative feed be needed?** | Choose an item. |
| **Will alternative water be needed?**  | Choose an item. |
| **If yes to any of these questions please provide specifications.**  | Click or tap here to enter text. |

**D.**

|  |  |
| --- | --- |
| **Duration of Study** |  |
| **Number of Isolators** | Click or tap here to enter text. |
| **Number of outside cages** | Click or tap here to enter text. |

**E. Study Summary**

|  |
| --- |
| **Describe in detail any animal or manipulations and who will be conducting them.**  |
|  |

**F. Drugs and Biological agent administration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug/Biological Agent** | **Dose** | **Route** | **Admin. Frequency** | **Groups** |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |

**G. Clinical symptoms**

|  |
| --- |
| **Please describe any expected Clinical signs associated with study manipulations.** |
| **None** |

**H. Samples and collection method**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample** | **Amount** | **Time Point** | **Frequency** |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

**I. Irradiation**

|  |
| --- |
| **If irradiation will be required please list which animals, time points, and dose of irradiation.** |
|  |

**USER CERTIFICATION**

**All information indicated in this Work Request is true and correct. I am a designated user of PI NAME HERE. This work is part of my PI’s research program that I understand is compliant with University Guidelines for the responsible conduct of research.**

**BY SIGNING THIS FORM, I UNDERSTAND THAT ALL PROCEDURES CARRIED OUT IN THE GNOTOBIOTIC FACILITY MAY BE ADDED TO MY/MY PI’S IACUC.**

**Printed Name of User:**

**Signature of User/Requestor:**

**Date:**