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| **C:\Users\Dell\Desktop\Deu_logo.png** | | **DOKUZ EYLUL UNIVERSITY**  **IZMIR INTERNATIONAL BIOMEDICINE AND GENOME INSTITUTE**  **iBG-VIVARIUM**  **EXPERIMENTAL STUDY PERMIT PRE-REQUEST FORM** | | | |  | |
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| FORM NO: | | | Updated on: | | |
| **APPLICANT**  Questions 1 to 5 are to be answered by the applicant. | | | **İBG VIVARIUM ASSESSMENT**  Filled out by the vivarium official | | |
| **Name-Surname:** | | **Institution:** | **Name-Surname:** | **Task:** | |
| **Phone:** | | **Address:** | **Phone:** | **Address:** | |
| **e-mail:** | | **e-mail:** |
| **Project Title:** | | |  | | |
| **1. Characteristics of the requested animal** | | | **Assessment Checklist** | | |
| Animal Type: Mouse  Fish  Breeding / genetic properties (Balb-c, Nude, Zebrafishvb):  Age range:  Number:  Sex: F  M  Other: | | | |  |  |  |  | | --- | --- | --- | --- | |  |  | **Yes** | **No** | | **1.1.** | Does the lab have the demanded strain and species? |  |  | | **1.2.** | Does the lab have the demanded live weight? |  |  | | **1.3.** | Does the lab have the demanded age range? |  |  | | **1.4.** | Does the lab have the demanded number of animals? |  |  | | **1.5.** | Does the lab have the demanded sex? |  |  | | **2.1.** | Does the lab have the demanded number of cages and tanks? |  |  | | **2.2.** | Is the vivarium available for the demanded dates? |  |  | | **2.3.** | Is the animal care period suitable for the vivarium? |  |  | | **2.4.** | Are special conditions necessary for the animal care? |  |  | | **3.1.** | Is there a researcher with an animal use certificate responsible for animals? |  |  | | **3.2.** | Are there any in vivo injections in the applications? |  |  | | **3.3.** | Is anesthesia needed? |  |  | | **3.4.** | Will there be any survival surgery performed? |  |  | | **4.1.** | Will the project staff supply the consumables to be used in the research? |  |  | | **4.2.** | Will the project coordinator supply the equipments to be used in surgical applications? |  |  | | **4.3.** | Will medical tubing and vaporizers be used if inhaler anesthesia is to be performed? |  |  | | **4.4.** | Are the equipment planned to be used found at iBG-Vivarium? |  |  |   **Comments:** | | |
| **2. Conditions of care** | | |
| *The information should include care, housing and all experiments.*  :  Estimated start and end dates of the studies:  Risk of inability to complete the studies on time:  Special conditions: | | |
| **3. Applications** | | |
| *The responsible person holding an animal use certificate who will be in charge of the animals during all the steps of the procedure*  Name Surname:  Phone (incase of an emergency):  e-mail: | | |
| *Specify necessary equipment for the procedures:*  Injections (Oral gavage, IP, IV, SC etc.):  Anesthesia:  Operations:  Other: | | |
| **4. Other Requests** | | |
|  | | |
| **AGREEMENT** | | | | | |
| **1.** I am aware of the technical aspects of sterilization, production and hosting in in-vivo animal studies. I will not hold the iBG Vivarium administration and its authorized personnel responsible for the inability of the demanded services to be provided at the "Start Date of Work" and / or the insufficient number of animals and cages/tanks that I have requested on the form.  **2.** During the execution of the project, I will submit the biological characteristics of the animals used (strain, live weight, age, sex) and all the procedures applied, stating the dates to the "iBG Vivarium Protocol Book".  **3.** I will carry out the animal health checks as I indicated in the DEU-AELEC application. I know that incase of a death and/or an emergency, the emergency phone number on file will be contacted. I will not hold the iBG Vivarium administration and its authorized personnel responsible for the death of animals.  **4.** I am aware that the requested service is only rendered after the project has been approved by DEU-AELEC.  **5.** I will comply with all SOPs (Standard Operating Procedures) and verbal / written instructions specified by iBG Vivarium staff for all activities to be performed at the iBG Vivarium.  **6.** I will inform iBG Vivarium at least 2 months before the beginning of the experiments.  I kindly request the provision of laboratory animal services provided above.  The Applicant’s  Name, surname, signature  \_\_\_/\_\_\_/\_\_\_\_\_ | | | As stated in the above-mentioned statements, the request herein is | | |
| |  |  |  | | --- | --- | --- | | Accepted |  | Not Accepted |   Approving Staff  Name, surname, signature  \_\_\_/\_\_\_/\_\_\_\_\_ | | |