Those wanting to conduct research need to also bring 3 copies to the DOC meeting, *for each location*. Requests whether animal or field need to be signed by their department head.

## **ANIMAL RESEARCH REQUEST** Dept:\_\_\_\_ Phone: Email Address:\_\_\_\_\_ **Additional Contacts:** Name: Phone:\_\_\_\_\_ Project Title:\_\_\_\_ Abstract: Proposed State Date: Proposed End Date: Expected Duration of Project:\_\_\_\_\_ Source: # Animals: Age: \_\_\_\_\_ #Pens/Reps \_\_\_\_\_ #Treatments: \_\_\_\_\_ Will there by any off label or unapproved products or materials used in the study?

	Supplies by	Supplies by	Applied by	Managed by	Other Notes
	PAC	Project	PAC	Project	
Medication					
Data Callantian					
Data Collection					
Carcass Data					
Carcass Data					
Feed					
Market Sell Vx					
Euthanize					
Transport					
Vet Costs					
vei Cosis					
In-Field Needs					
III-I ICIA IVCCAS					
Barns/Building					
, , , , , , , , , , , , , , , , , , ,					
Storage					
_					
Project involves us Committee (PACUC					Care and Use
PACIE Number					
PACUC Number: _					
/we have read and	d understand PA	C Transgenic Use	e Guidelines:		
ignature				Date	
pproved:					
Departmen	t Head				Date