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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:  |

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|  |  | **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** |
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| **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 |
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| Accepted |  | Not Accepted |

Approving StaffName, surname, signature\_\_\_/\_\_\_/\_\_\_\_\_ |