Change in Aquatic Facility Use

InSEAS & The Zoology Aquatic Facility

Change in Aquatic Facility Use Form

Please fill out this form and give it to the InSEAS manager (Patrick) if you are requesting new space, changing the amount allocated to you, release space from use, or bringing in new animals to the InSEAS facility. This information will be used to assign space, track its use, and ensure animal numbers comply with approved AUPs.

Part A: Investigator Information

Date: ____________________________________________________________________________
Name: ____________________________________________________________________________
Principle Investigator (if different): ____________________________________________________
AUP No.: __________________________________________________________________________
Email: ____________________________________________________________________________
Phone: ____________________________________________________________________________

You are (please check all appropriate boxes):
☐ Requesting new space (go to part B)
☐ Making a change to space allocation (go to part C)
☐ Changing animal numbers (go to part D)

Part B. Requesting Access to New Aquatic Research Space

Fill in this part if you are requesting aquatic research space. It is strongly advised that you make your request at least **three months in advance**, but if that is not possible we will do our best to accommodate your request. Fill in as many fields as possible.

Preferred Start Date: ___________________________ Anticipated End Date: ___________________________

What type of space are you requesting (please check the appropriate box)?
☐ Environment chamber
☐ Recirculating holding system
☐ Space to set up static aquaria at room temperature or above
☐ Other (please describe in the space provided)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If appropriate, are you willing to share this space with other researchers working under similar conditions? ☐Yes ☐No
Change in Aquatic Facility Use

The requested space will be used for (please check the appropriate box):

☐ Animal holding
☐ Experimentation

If you have selected animal holding and you are requesting a recirculating holding system, please fill in the following environmental conditions. InSEAS staff will set up the recirculating system to maintain these conditions.

- Salinity (ppt): ___________________________
- Temperature (°C): ___________________________
- Photoperiod (hr light: hr dark): ___________________________

Other holding conditions? If yes, please specify in the space below.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

If you have selected experimentation, or if you are holding animals in isolated aquaria, it is your responsibility to set up the infrastructure, but please discuss your set up with the Facility Manager before starting.

Please provide us with a very brief description of your experiments:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

These experiments will use/require (check all that apply):

☐ Compressed gases
☐ Sharps
☐ More than 10 electrical outlets
☐ Hazardous materials (please specify)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please outline any other details you think are important for InSEAS staff to be aware of:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Part C. Making a change to space allocation

What is the nature of your change to space allocation (check all that apply)

☐ Request extension. Give new anticipated completion date:______________________
☐ Terminate use early. Give new completion date:_______________________________
☐ Modification to holding conditions. Please outline requested changes below.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
☐ Other. Please specify below:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Part D. Change in animal numbers.
If you are bringing new animals into InSEAS please provide us with the following information:

Species:____________________________________________________________________
Source:_____________________________________________________________________
Size:_______________________________________________________________________
Destination in InSEAS (room #, tank # etc):_____________________________________
Number of individuals:________________________________________________________
Is the number of animals authorized by your AUP? ☐Yes ☐No
   If no, submit an amendment to your AUP before acquiring the animals.
Is any special containment required? ☐Yes ☐No
   If yes, please specify.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

For Internal Use Only
______________________________________________________________________________
Space allocated:________________________________________________________________

Notes:

InSEAS Change in Aquatic Facility Use Form – Draft 1                    Date: June 6th, 2013
Author: Jeffrey Richards                                                Approval Date: 