**New Investigator Questionnaire**

*Please fill out the form carefully in order for us to get prepared for your research requirements.*

1. Name of Principal Investigator:               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_
2. Email address: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_    Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Campus where your laboratory will be located: \_\_ \_\_\_\_\_\_\_\_\_
4. Campus where your animal research will be carried out: \_\_\_ \_\_\_\_\_\_\_\_\_\_
5. Species of animal (please fill a separate form for every species): \_\_\_\_\_\_\_\_\_\_\_\_\_
6. Strains - Origin and number to be held at any one time (if you do not know the exact strains, just indicate Genetically modified or “regular”. Also indicate if you will breed these strains)

Please add rows as needed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strain** | **Tg / tm / "regular"** | **Breeding** **/purchase from external source** | **No. breeding cages expected** | **No. experimental cages expected** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Do you expect to work with non-SPF animals (Wildlife or without health certificate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you expect to bring with you strains from a non-HU source? If so, please detail No. of strains, quantity of animals, microbial status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_
3. Types of planned activities.
   1. Do you expect to work with pathogens or hazardous materials: \_\_\_\_

If yes please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

* 1. Do you expect to work with radioactive substances: \_\_\_\_

If yes please specify: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the types of activity anticipated with the animals (specify equipment required, space required to work with animals) \_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Space requirements during the experimental work.
   1. Will you need to introduce equipment to the animal facilities for the above experiments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Will you require special space on the floor or on a bench for the operation of the equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Work at the animal facility is usually carried out in laminar hoods. Will you require additional space to carry out the experiment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Will you need to carry out behavioral tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Is your experiment or part of it will require that the room is completely dedicated to you (no other researchers are allowed to work in the same time) and / or will your work require special conditions in the room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                          Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** **Authority to use biological and preclinical models:\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| Comments / terms for approval: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of ABBM director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |