

**COMPLETE THIS FORM AND BRING IT TO THE FACILITY ORIENTATION \***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Lab Rm. #: \_\_\_\_\_ Lab Ph. #: \_\_\_\_\_ Weekend Ph #: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Off. Ph. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**I am requesting access to:**

<input checked="" type="checkbox"/>	FACILITY	<input checked="" type="checkbox"/>	FACILITY
	Whitehead		Pediatrics
	Rollins		Clinic B – 3 <sup>rd</sup> floor (Winship Research Ctr.)
	Dental		Clinic B – Tunnel Level (Eye Center)
	Peavine		Woodruff Memorial Research Bldg.
	Wesley Woods		

Check the animal(s) you will be working with:			
Animal(s)	<input checked="" type="checkbox"/>	I have experience working with this animal. <input checked="" type="checkbox"/>	I have no experience working with this animal. <input checked="" type="checkbox"/>
Mice			
Rats			

List the protocol number(s) that you will be working on:

Does the protocol involve the use of any of the following in live animals:			
Biohazards	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Agent-
Carcinogens	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Agent-
Toxic Chemicals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Agent-
Radioisotopes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Isotope-

Do you have special requirements for your project, such as:			
Special Caging	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Special Water	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Special Diet	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Light Cycle (other than 7am on/ 7pm off)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:

Do you expect deaths from your experiments?  No  Yes

Is the carcass to be saved? (maximum is 48 hours)  No  Yes

If yes, will notification by fax be sufficient or do you wish to be called?

Contact: \_\_\_\_\_ Ph. # \_\_\_\_\_ Weekend Ph. # \_\_\_\_\_

Will you be breeding animals?  No  Yes If yes, how many breeding pairs? \_\_\_\_\_

Who will be responsible for weaning the litters? \_\_\_\_\_

Facility Supervisors			Facility Supervisors		
Whitehead	Daniel Amankwah	2-8366	Woodruff	Ann Griffey	7-1872
Rollins	Marsha Howard	7-0966	Pediatrics	Rashidat Ayantunji	7-3657
Dental	Marsha Howard	7-0966	Clinic B – 3 <sup>rd</sup> fl (Winship)	Rashidat Ayantunji	7-9597
Peavine	Marsha Howard	7-0966	Clinic B – Tunnel (Eye Center)	Rashidat Ayantunji	7-9597
Wesley Woods	Marsha Howard	7-0966			

**\*Failure to meet with the facility supervisor within 7 days of the DAR orientation will result in deactivation of your animal access card.**