**University of Mississippi Vivarium ~ Space Use Application**

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| **Instructions:** Send completed form to Harry Fyke, D.V.M., Attending Veterinarian, B 103 NCNPROr hfyke@olemiss.eduFor questions, email Mandy King (mlking9@olemiss.edu) or Dr. Fyke (hfyke@olemiss.edu). |
| **PI Name**  | **Department**  |
| **UM Phone**  | **UM E-mail**  | **Protocol #**  |
| **Project Title**  |
| **Funding Agency**  |
|  |
| **Type and Approximate Number of Each Species:** |
|  |  |  |  |
| **Vendor Names (or in-house breeding colony):** |
|  |  |  |  |
| **Anticipated Start and End Dates for Animal Use:** |
| **species** | **start** | **end** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Anticipated Procedure Room Use:** |
| **Hours/Day**  | **Days/Week**  | **Weeks/Year**  |
| * If you can use existing lab space (i.e., either your assigned space or sharing with others) please specify which room(s) and PIs.
* Where sharing is not possible, please list room(s) needed by room number, and explain requests for extended, continuous use [i.e., more than a few weeks].
* If room use (and/or animal numbers) will vary across years of your project, please describe.
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| **Special Space Needs:** |
| **Procedure Room** [hood, sink, etc.]  |
| **Housing** [special cages; isolation from existing colonies: special lighting schedules, hazardous agent use, chronic pain, immunologically compromised animals]  |
| **Ventilation** [positive/negative]  |
|  |
| **Signatures (electronic acceptable):** |
| **Principal Investigator** **Date**   |
| **Department Chair**  **Date**   |

Updated on 10-05-2020