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| ***EXPERIMENTAL SURGERY AND ANIMAL FACILITY SERVICE REQUEST*** |

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| **APPLICANT DETAILS** |
| **PI Name and Surname:** |  |
| **Research Group / Service:** |  |
| **PI Institution:** |  |
| **Contact person****Name and Telephone:** |  |
| **Email:** |  |
| **CEEA\* Project Reference:** |  |
| **IdISBa researcher (Yes/No)** |  |
| **Emergent PI (Yes/NO)** |  |

\* Animal Testing Ethics Committee

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| **BILLING ADDRESS** |
| **🞏**  **PAYMENT THROUGH FUNDS LOCATED IN IDISBA** |
| **Project Code:** |  |
| **🞏**  **PAYMENT THROUGH FUNDS LOCATED IN ANOTHER ENTITY** |
| **ENTITY NAME:** |  |
| **ENTITY TYPE:** | **🞏 Public** | **🞏 Private** |
| **CIF number:**  |  |
| **Address:** |  |
| **City:** |  | **Postal code:** |  |
| **Country:** |  |
| **Contact e-mail:**  |  |

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| **REQUESTED SERVICE** |
| **ANIMAL ACCOMODATION** |
| **Type of accomodation** | **Number of cages/animals** | **Duration**  |
| **Mice small cage (IL)** |  |  |
| **Mice large cage (III)** |  |  |
| **Mice Isolated Ventilator Cage** |  |  |
| **Rat cage** |  |  |
| **Rabbit cage** |  |  |
| **Pigs** |  |  |
| **OWN BRED ANIMALS** |
| **Species:** | **Breed/Line:**  |
| **N males:** | **N females:** | **Age:**  |
| **BRIEF DESCRIPTION OF THE PROCEDURE** |
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| **REQUESTED SERVICE**  |
| **USE OF SPACES** |
| **ROOMS** | **USAGE** | **ESTIMATED TIME** |
| OPERATING ROOM 1 |  |  |
| OPERATING ROOM 2 |  |  |
| LABORATORY 1 |  |  |
| LABORATORY 2 |  |  |
| POST-OP  |  |  |
| PRECLINICAL IMAGE |  |  |
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| **USE OF EQUIPMENT (indicate the equipment)** |
| **EQUIPMENT** | **NUMBER OF USES** | **ESTIMATED TIME** |
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| **INSTRUMENTAL AND CONSUMABLES** |
| List of necessary instruments and consumables: |

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| **COMMENTS** |
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**Date and signature,**