Please submit completed form to the Facility Manager of the Hagen Aqualab, c/o Department of Integrative Biology. This application must be reviewed by the Aqualab Management Committee prior to approval.

Facility Manager: Mr. Matt Cornish  
Hagen Aqualab  
Aquatic Sciences Facility  
University of Guelph  
Phone: (519) 824-4120 ext. 52714  
Fax: (519) 763-5741  
e-mail: mcornish@uoguelph.ca

<table>
<thead>
<tr>
<th>Researchers</th>
<th>Department</th>
<th>Phone Number / Extension</th>
<th>E-mail Address</th>
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<tr>
<th>Emergency Contact Person</th>
<th>Work Hours Phone Number</th>
<th>After Hours Phone Number</th>
<th>E-mail Address</th>
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Project Title:__________________________________________

Animal Utilization Protocol # (if applicable):________________________  Project Status: ( ) new project ( )ongoing

Indicate funding agency:__________________________________________

Trust Fund #:_________________________________________________

Date of Commencement:________________________  Date of Conclusion:________________________

Organism Usage:

Research organism:__________________________________________

Common Name:______________________________________________

□ Wild  □ Commercial Supplier  □ Own Stock  □ Donated  □ Other

Source / Supplier:___________________________________________

Please indicate the disposition of your research animals at the end of the project: Euthanised  Yes  □  No  □

If no, indicate disposition:___________________________________
Please give a brief description of the research you intend to conduct in the Hagen Aqualab.

Why is this research important or relevant? (We need this information to prepare the Annual Report)

What features of the facility make it important to conduct this research in the Hagen Aqualab? (We need this information to prepare the Annual Report)
Rental charges for systems are effective 2003/2004 fiscal year

<table>
<thead>
<tr>
<th>ECAR System #</th>
<th>COST PER ANNUM</th>
<th>MONTH</th>
<th>WATER TEMP</th>
<th>PHOTOPERIOD</th>
</tr>
</thead>
</table>
|               | $1500          | $150  | Fixed _____ °C | On _______  Off _______  
|               |                |       | Cyclical ___ °C ___ °C ___ °C ___ °C | __________ °N latitude |

For cyclical water temperature indicate range and ramping time.

Range: Low_________ High __________

Ramping Time(time between temperature setpoints):__________

ECAR Systems are normally set up on six foot diameter tanks. If you require the system set up on other tanks please indicate number and size of tanks required

<table>
<thead>
<tr>
<th>Tank size</th>
<th>Number Required per system</th>
<th>Start Date</th>
<th>Finish Date</th>
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<tbody>
<tr>
<td>2 ft</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 ft</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 ft tray</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td>□</td>
<td></td>
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</tr>
</tbody>
</table>

Please indicate what other portions of this facility that you would require access to:

☐ Dry Lab  ☐ Freezer

**Biohazard**: (please indicate possible hazards used in your experiments)

☐ None  ☐ Radioisotope  ☐ Carcinogen  ☐ Chemical  ☐ Pathogen  ☐ Exotic species  ☐ Other

**Chemical Usage**:

(Please list all chemicals that you plan to bring into and use in this facility. Certain chemicals will only be allowed with proper permits. **Chemical inventories must be maintained by the user.**)

What chemicals if any do you plan to add to the system water?

What steps will be taken to ensure that future users will not be affected by the chemicals you plan to add to the system water.

**Parasite Usage**: Species:________________________________________________________________________

Are there any portions of life cycle of this parasite that could affect facility contamination or the future room usage by others (eg disinfectant-resistant spores)?
Pathogen Usage: Species:_____________________________________________________________

The use of fish pathogens for research are restricted to Room 155. Strict adherence to the SOP’s for the use of this room must be followed.

Is this pathogen treatable?_________ In the event of an outbreak of the pathogen being studied, what treatment is recommended?

Declaration
Use of vertebrate animals in this facility will be in accordance with approved animal care standards as outlined in the CCAC Guide to the Care and Use of Experimental Animals Volumes 1 and 2, Animals for Research Act and Facility Standard Operating Procedures. All vertebrate animals must be covered under a valid AUP. The AUP# must be submitted prior to animals entry into this facility. Use of other organisms will be in accordance with approved Facility Operating Procedures. Use of the Hagen Aqualab facilities for research or teaching will be in accordance with Aqualab Policy and Procedures as outlined in the Aqualab Standard Operating Procedures. Use of this facility will also be in accordance with procedures outlined by the Facility Manager.

Principal Investigator _______________________________ Date ______________

Chair Aqualab Management Committee _______________________________ Date ______________

Hagen Aqualab Manager _______________________________ Date ______________

Contract:
The Principal investigator agrees to pay the Aqualab trust fund, at the commencement of use in the current fiscal year.

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<thead>
<tr>
<th>ECAR System</th>
<th># required</th>
<th># years</th>
<th>Cost per annum</th>
<th># months</th>
<th>Cost per month</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 ft tanks</td>
<td></td>
<td></td>
<td>@ $1500.00/yr</td>
<td></td>
<td>@ $150.00/mo</td>
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</tr>
</tbody>
</table>

It is further agreed that the cost of all incidental or consumable items used by the researcher are borne at the expense of the researcher and may be charged directly to the researchers trust fund (eg. UV bulbs, all disinfectants, sea salt, fish food, brooms, nets, paper towels, soap, additional or lost keycards).

Signature:_____________________________________________________________