



**ECARS USE FORM**

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

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

Researchers	Department	Phone Number / Extension	E-mail Address
Emergency Contact Person	Work Hours Phone Number	After Hours Phone Number	E-mail Address

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

ECAR System #	COST PER		WATER TEMP Fixed Cyclical	PHOTOPERIOD
	ANNUM	MONTH		
_____	\$1500	\$150	Fixed _____ °C  Cyclical ____ °C ____ °C ____ °C ____ °C	On _____ Off _____  _____ °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			
Tank size	Number Required per system	Start Date	Finish Date
<input type="checkbox"/> 2 ft <input type="checkbox"/> 4 ft <input type="checkbox"/> 7 ft tray <input type="checkbox"/> other			

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.

ECAR System	# required	# years	Cost per annum	# months	Cost per month	Total
6 ft tanks			@ \$1500.00/yr		@ \$150.00/mo	

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: \_\_\_\_\_