



SPACE REQUEST 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
 Christie Lane
 University of Guelph

Date: _____

Phone: (519) 824-4120 ext. 2714 Fax: (519) 763-5741 e-mail: mcornish@uoguelph.ca

Researchers	Department	Phone Number / Extension
Emergency Contact Person	Work Hours Phone Number	After Hours Phone Number

Project Title: _____

Research organism: _____

Animal Utilization Protocol # (if applicable); _____ **Project Status:** () new project () ongoing

Indicate Funding Agency: _____

Trust Fund #: _____

Date of Commencement: _____ Date of Conclusion: _____

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)

Rooms

ENVIRONMENTAL INFORMATION: If multiple temperatures are not required please indicate temperature required in the first space only. If annual photoperiod is required please indicate latitude. Humidity is either on or off.

SPACE REQUIRED	AIR TEMP (up to 4)	HUMIDITY	WATER TEMP (up to 3)	PHOTOPERIOD
Room _____ <input type="checkbox"/> Chamber _____ <input type="checkbox"/> Lg _____ Med _____ Small _____	_____ °C _____ °C _____ °C _____ °C	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ °C _____ °C _____ °C	On _____ Off _____ Lat _____ °N

Room rental rates

Effective 2004/2005 fiscal year

Room size	Research Room	Large Chamber	Medium Chamber	Small Chamber
Cost per month	\$315	\$315	\$188	\$150
Cost per year	\$3150	\$3150	\$1880	\$1500

ECARS

ECAR System #	COST PER ANNUM MONTH		WATER TEMP Fixed Cyclical	PHOTOPERIOD
_____	\$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			

Tanks

PLEASE INDICATE NUMBER AND SIZE OF TANKS REQUIRED		ROOM #	
Cost: See Hagen Aqualab Fee Structure			
Tank size	Number Required	Start Date	Finish Date
<input type="checkbox"/> 2 ft <input type="checkbox"/> 4ft <input type="checkbox"/> 6ft <input type="checkbox"/> other			
<input type="checkbox"/> 2 ft <input type="checkbox"/> 4ft <input type="checkbox"/> 6ft <input type="checkbox"/> other			
<input type="checkbox"/> 2 ft <input type="checkbox"/> 4ft <input type="checkbox"/> 6ft <input type="checkbox"/> other			

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

- Dry Lab Freezer

Organism Usage: species and common name: _____

- Wild Commercial Supplier Own Stock Donated Other

Source / Supplier: _____

Location: _____

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 not be allowed in the animal holding or anterooms. Chemical inventories must be maintained by the room 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 Species Specific Standard Operating Procedures (as provided by Aqualab Staff). **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

Graduate Student Investigator

Date

Aqualab Management Committee Approval

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.

Room / ECARS:		# years	Cost per annum	# months	Cost per month	Total
_____			@ \$3150.00/ yr		@ \$315.00/mo	
_____			@ \$1875.00/yr		@ \$188.00/mo	
_____			@ \$1500.00/yr		@ \$150.00/mo	
Rm 160	# required	# years	Cost per annum	# months	Cost per month	Total
6 ft tanks			@ \$375/yr		@ \$37.50/mo	
Annual/ monthly Total:						

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. replacement sand, replacement charcoal, UV bulbs, all disinfectants, sea salt, fish food, brooms, nets, paper towels, soap, additional or lost keycards).

Signature: _____