



**SPACE REQUEST FORM:
Ongoing or Expanded Projects**

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
 University of Guelph
 Phone: (519) 824-4120 ext. 52714
 Fax: (519) 763-5741
 e-mail: mcornish@uoguelph.ca

Date: _____

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): _____

New Start Date: _____

New Finish Date: _____

Please indicate space and environmental information required (If an environmental room is to be used, please indicate air temperature required)

Space required (Room, Chamber, ECAR, Tanks)	Water Temperature	Photoperiod	
		On	Off
		On	Off
		On	Off
		On	Off

Brief Project Description (Please describe the reasons for the extension or expansion):

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:		# years	Cost per annum	# months	Cost per month	Total
_____			@ \$3150.00/ yr		@ \$315.00/mo	
_____			@ \$1880.00/yr		@ \$185.00/mo	
_____			@ \$1500.00/yr		@ \$150.00/mo	
Rm 160	# required	# years	Cost per annum	# months	Cost per month	Total
6 ft tanks			@ \$375.00/yr		@ \$37.50/mo	
Other			@ _____/yr		@ _____/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: _____