



**SPACE REQUEST FORM:  
Research Rooms and  
Environmental Chambers**

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  
Phone: (519) 824-4120 ext. 52714 Fax: (519) 763-5741

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

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)

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"/>	_____ °C	Yes <input type="checkbox"/>	_____ °C	On _____ Off _____
Chamber _____ <input type="checkbox"/>	_____ °C	No <input type="checkbox"/>	_____ °C	Lat _____ °N
Lg _____ Med _____ Small _____	_____ °C		_____ °C	

For ECAR systems use please see **ECARS Request Form**

For General Holding Room use please see **Tank Request Form**

Room rental rates

Effective 2004/2005 fiscal year

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

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

\_\_\_\_\_  
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		@ \$188.00/mo	
_____		@ \$1500.00/yr		@ \$150.00/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: \_\_\_\_\_