

YORK COLLEGE ANIMAL ROOM

user form for

STUDENT AND FACULTY TEACHING AND RESEARCH

Date _____

User Name _____ email _____ phone _____

Instructor/Mentor *signature* _____ Animal Room Coordinator _____
(for student projects) *signature* (Dr. Rehnberg)

Purpose of animal room activity:

Beginning date _____ Anticipated end date _____

Detailed description of research design

Space and equipment needs

Photoperiod and temperature needs

Type of animal _____ Stock or strain _____

Number of animals: Males _____ Females _____ Total _____

Source of animals _____

Describe schedule for checking food and water (include weekends & upcoming holidays). Identify the person(s) responsible for this work.

Describe potential stress, discomfort, or pain experienced by your animals and steps taken to minimize it:

Describe any invasive procedures (including blood collection)

List any drugs used on your animals:

If animals will be transported to other locations, provide details.

End-of-research fate of animals:

Describe euthanasia procedure if applicable:

For Projects that Expose Animals to Unnatural or Toxic Substances

What substance(s) will be used in your research?

(attach the MSDS to this form)

Source (supplier) of substance:

Chemical form of substance:

Toxicity to humans:

Describe the exposure concentration and duration experienced by your animals and the route of administration.

What safety precautions are being taken in your research for ...

your animals:

yourself:

other users of the Animal Room:

Will this substance be stored in the Animal Room? Yes ___ No ___

Describe its containment and location:

How will the substance be disposed of when your research is complete?