THE UNIVERSITY OF GEORGIA
College of Veterinary Medicine
Animal Health Research Center

Request for Research Space in the AHRC

Date _____

Principal Investigator _____ Phone _____
Institution/Dept. _____ E-mail _____

Co-Investigator _____ Phone _____
Institution/Dept. _____ E-mail _____

Co-Investigator _____ Phone _____
Institution/Dept. _____ E-mail _____

Provide a brief summary of the project stating the goals and objectives of the project, and how the use of this facility will contribute to the project's success:

Agent and/or toxin to be studied:

Laboratory space requested: BSL3 ☐ ARS BSL3-E ☐ Large ARS BSL3-E ☐

Start Date _____ Finish Date _____

Animal Room space requested: ABSL-3 ☐ Small BSL-3-Ag ☐ BSL-3-Ag ☐

Species _____ # of animal's _____ # of room's _____

Start Date _____ Finish Date _____

AUP Number _____ Biosafety MOU _____

Acct. number and Name for Animal Resources and room charge _____

I agree that I and my staff will complete all required training and security clearances before entry and use of these facilities. I also agree to the charges incurred for space decontamination, animal care and disposal in these facilities.

Signature _____ Date _____

AUC Approval _____ Date _____

AHRC Director Approval _____ Date_____