REQUEST FOR VIVARIUM ACCESS

The University of Rochester
Animal Resource

Investigator Name: _____ UCAR Number: _____

Department: _____ Species: _____

Phone Number: _____ Pager Number: _____

Provide the following information about proposed visit:

Date(s): _____

Time(s): Start: _____ End: _____

Visitor's Name(s) Printed: _____ _____

_____ _____

Representing: _____

Specific animal facilities to be visited (building, room): _____

Scientific reason for visit: _____

Signature(s): **I agree that, 1) I will observe <u>only</u>, without participating in animal procedures, 2) I have been provided with information about health risks associated with the animals I will observe, 3) I will be accompanied by a UCAR approved investigative staff member (or Animal Resource member) at all times and 4) I will wear the badge assigned to me at all times while visiting the UR Animal Resource areas.**

_____ _____

_____ _____