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**SRM INSTITUTE OF SCIENCE & TECHNOLOGY**

 **SRM-DBT PLATFORM FOR ADVANCED LIFE SCIENCE TECHNOLOGIES**

**SPF ANIMAL FACILITY (SAF)**

**Cage Space Request Form**

**SAF Ref. no. (Office use)**

**PART A (to be filled by the applicant)**

|  |  |
| --- | --- |
| Name: | Designation: |
| Dept. & Institute with address: |
| Email: | Contact number: |

**PART B (to be filled by the applicant)**

1. Project Title:
2. IAEC Approval no. (enclose approval copy):
3. Number of animals and holding duration requesting (\* fill Annexure I if applicable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species & strain | No. of animals | Start date | End date | Duration (in days) |
|  |  |  |  | 10# + = |

1. Check the category of the project requiring cage space:

[ ]  New cage space for newly granted project

[ ]  Additional cage space for ongoing project

[ ]  Renewing cage holding duration for ongoing project

1. No. of cages currently occupied by the applicant:

 **Date: Applicant signature:**

**OFFICE USE**

**Cage allocation details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room no.** | **Cages allocated** | **Start date** | **End date** | **Duration** |
|  |  |  |  |  |

**Remarks:**

**Date:** **Signature:**

\* **Annexure I**

**If you are going to house different species or varied holding time for the same project, give a detailed breakup** (add more columns if necessary)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.no. | Species & strain | No. of animals | Start date | End date | Duration (days) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Terms and conditions:**

1. **# There is a mandatory quarantine period of 10 days**
2. If your study is going to extend beyond the approved time, submit new cage space request form along with the new IAEC certificate
3. Report any damages to the cage(s) immediately to the animal facility in charge
4. User(s) must undergo orientation for accessing the animal facility. Please fill the orientation request form
5. Kindly adhere to the SOPs of the animal facility
6. Attach a copy of proof for the source of animal vendor (bills) with their CPCSEA Approval certificate details