



ANIMAL CARE & USE PROGRAM

UNIVERSITY OF MICHIGAN

Commissioning Document Questionnaire for Approval of New Animal Use Space

**** Please note that approval of this request may take up to one month ****

Principal Investigator Name: _____

Protocol Number: _____

Species: _____

Form Submission Date: _____

JUSTIFICATION FOR ADDING ANIMAL USE AREAS

1. Please explain the rationale for commissioning new space rather than using existing, approved animal facilities (alternatives will be identified by ACU staff and discussed with PI/lab staff requesting new space).



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2. Please complete the following table:

BUILDING	ROOM	BENCH	LABORATORY SUPERVISOR (personnel or protocol)	CO ₂ (yes / no)	EUTHANASIA (yes / no)	FUME HOOD (yes / no)	BIOSAFETY CABINET (yes / no)	REVIEWED BY EHS (yes / no) * <i>*Completed by ACU staff</i>



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3. Describe the procedures that will be conducted in EACH of the rooms listed in the table. Specify scientific outcomes of all procedures that require immediate processing.

3a. If surgery will be conducted in this room, please indicate if it is a dedicated surgery space or multi-purpose location.

3b. If this is not a dedicated facility, describe how you will maintain and create a separate area in this space for surgery.



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4. Is this location a shared space? If so, are all individuals using this space animal users? If not, please indicate what precautions will be taken to protect the non-animal users from potential allergens.

5. Please describe security devices that will be used to prevent unauthorized entry.

6. If this is a result of a relocation of laboratory space, please list rooms that will be vacated and indicate if they should be removed from the protocol.



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For ACU Office Use Only

IACUC Approval Date: _____

Building	Room	Housing Location	Use Location	Non-USDA Procedure & Recovery Surgery	USDA Proc.	USDA Recovery Surgery	Non-ULAM facility	ULAM facility	Inspect. Only	Facility Manager (name / not lab)	CO ₂	Euthanasia	Fume Hood	BSC	Reviewed by EHS	Group #	Commission Date