



Germ Free Mouse User Request Form

Instructions: Please submit the completed form to ULAM-germfree@umich.edu Mice and housing space are assigned on as they become available. Once your completed form is reviewed and approved by Dr. Eaton, we will contact you for scheduling your project.

Note: All animal use protocols and amendments (including IBC approval) must be approved prior to submitting this request. Germ Free technical staff (Sara Poe, Chriss Vowles, Natalie Anderson, and Trisha Denike) must be listed as personnel and approved to handle animals on your protocol. Notification of cancelled projects must be given at least 5 business days before the scheduled start date.

Acknowledgment: We need your support! When you publish, PLEASE acknowledge University of Michigan's Germ Free Core. Thanks!

Date of request: _____ Requested start date: _____

CONTACT INFORMATION	
PI:	
Short code:	
Approved Animal Protocol #:	Approved IBC #:
Protocol Exp Date:	
Main Contact (MC):	
MC Phone#:	
MC Alternative Phone#:	
Email Address:	

MICE REQUESTED AND SUMMARY OF EXPERIMENTAL PROCEDURES			
Strain and sex of mice requested		Number of groups	
Number of mice per group		Total number of mice	
Infectious agents to be administered		Route of administration	
Other materials to be administered		Route of administration	
Duration of experiment		Preferred age of mice requested	

EXPERIMENTAL SPACE REQUIREMENTS AND SAMPLE STORAGE

Experimental space requirements

-
- Tecniplast Caging System
-
-
- Isolator
-
-
- Bio Safety Cabinet (Class II)

Sample Storage

-
- 4C
-
-
- 20C

PROTOCOL DESCRIPTION OF PROCEDURE(S)/SERVICE(S)

This area may be copied and pasted directly from the approved protocol. Only include information that pertains to germ free mice. If you do not have access to an electronic copy of the protocol/amendment, indicate the appropriate sections from within the document. *Example: Section 11.E.8.A Procedure Information, Injection section.*

PROCEDURES**DRUGS/EXPERIMENTAL AGENTS AND ROUTE (IF USED)****FECES COLLECTION OR BODY WEIGHTS REQUIRED (WITH TIME POINTS OR FREQUENCY)****HAZARDOUS SUBSTANCES (IF USED), including pathogenic organisms**

OTHER PROCEDURES TO BE PERFORMED (eg, urine, blood collection, etc). Please specify frequency of collection, and method of labeling, handling and storage of samples

Please complete the form and email to ULAM-GERMFREE@umich.edu

Click [here](#) for a list of ULAM Rates

Rev. 2/18/16