

## ANIMAL HOUSING APPLICATION FORM

### 1. Applicant's Information

Applicant's Name :

NRIC/Matrix Card/Staff No. :

Level of Study (Undergraduate/Master/PhD/Others) :

Department/Faculty :

Tel:

Mobile:

Email:

### 2. Supervisor/Principal Investigator's Information

Supervisor/Principal Investigator's Name :

Academic Title :

Department/Faculty :

Tel:

Mobile:

Email:

### 3. Co-Investigator(s)/Research Assistants' Information

Name	Department	Position Title (Academic Staff/Technical Staff/Student)	Email	Tel/Mobile

### 4. Project Information

Title of Project:

FOM IACUC No. \* :

Research Duration: Start Date :

End Date:

FOM IACUC = Faculty of Medicine Institutional Animal Care and Use Committee

***\*Please attach a copy of Animal Use Protocol and the proof of ethics approval***

**5. Billing Information****Source #1**

Grant Type :

Grant No. :

Grant Expiry Date :

**Source #2 (Other Payment Method – if applicable)**  Debit / Credit / FPX using epay.um.edu.my     Cheque     Advanced Payment**6. Animal Species/Strains**

<b>Species</b> (Rat/Mice/Rabbit)	<b>Strain</b>	<b>Weight/Age</b>	<b>Gender</b>	<b>Quantity</b>	<b>Housing</b> (Building, Floor Level & Room #)	<b>Source of animals</b>

Please specify method of transportation:

Describe special handling/feed/watering/housing requirements:

## 7. Classification of Pain/Distress

Please check one . Information and examples on the classification can be obtained from these websites:

[http://tulane.edu/asvpr/iacuc/hsc/upload/3-USDA\\_Classification.pdf](http://tulane.edu/asvpr/iacuc/hsc/upload/3-USDA_Classification.pdf)

<http://www.esf.edu/animalcare/documents/USDApainLevels.pdf>

<input type="checkbox"/> C	<b>Classification C:</b> Animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs.
<input type="checkbox"/> D	<b>Classification D:</b> Animals upon which experiments, teaching, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which appropriate anaesthetic, analgesic, or tranquilizing drugs will be used.
<input type="checkbox"/> E	<b>Classification E*:</b> Animals upon which teaching, experiments, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which the use of appropriate anaesthetic, analgesic, or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests.

\*An explanation of the procedures producing pain or distress in these animals and the justification for not using appropriate anesthetic, analgesic or tranquilising drugs must be provided below.

**8. Method of Euthanasia [*Specify how the animals are sacrificed as in sampling of organs and tissues, or at the end of the experiments*]**

**9. Method Of Carcass/Biological/Chemical/Physical Disposal (*Include method of disposing contaminated organs/tissues*)**

**10. Safety and Health Issues [*Indicate if hazardous agents (biological/chemical/physical) are used during the animal study and any specific precautions to be taken by staff involved (Animal Experimental Unit and Satellite Animal Facilities)*]**

## TERMS AND CONDITIONS

### A. BOOKING AND AVAILABILITY

1. Booking of facilities must be made at least 2 weeks in advance. Please download Animal Housing Application Form and submit to AEU administration for approval.
2. The use of facilities is subjected to the approval of AEU administration.
3. Only book the required time you need for procedure rooms/biosafety cabinets/cage changing stations. The use of these facilities is free of charge for the first **2 hours** and a fee of RM50/hour (Internal user) or RM70/hour (External user) rate will be charged for the following subsequent hours. Please be considerate as there are many researchers but only limited space is available.
4. The working hour of AEU is from 8.30 am – 5.30 pm (Mon – Fri).  
After working hours, the main entrance of AEU will be locked and will not be accessible to users. Those intending to work after office hours must notify AEU administration of their arrival and departure time.

### B. CANCELLATION OF PROCEDURE/SURGERY ROOM BOOKING

1. AEU must be notified immediately of any cancellation. Give a timely notice of cancellation so that other researchers can be scheduled to use.
2. If you are **NOT** working within **15 minutes** of your scheduled time, AEU will consider this as cancellation.

### C. CAGES

1. Agistment cost of animals is based on per cage per day basis.
2. For contract in-house breeding, **the housing fees will be implemented once the animals have reached the age of 8 weeks or once reaching the requested body weight and/or at start of any treatment**. Animal housing charges are subjected to yearly variation in market prices for feed and bedding.
3. Please refer to the Minimum Space Recommendation for Rodents in Specific Cage type.
4. Request for any additional or reduction in the number of cages needed must be submitted to Medical Lab Technologist.
5. All animals require 2 weeks of quarantine and acclimatization period. Please select your start and end dates that cover 2 weeks and users need to include this duration in the housing application.
6. Users are allowed to book cages for quarantine and experiments at the same time.

**D. RESPONSIBILITIES**

1. Only associate investigator(s) as named in the application form will be allowed to access AEU and conduct animal experiment.
2. Users must conform to all AEU facility security access policies.
3. Users must conform to all SOPs of AEU.
4. Users are responsible for the cleanliness of the procedure rooms during experiments and after the completion of experiments.
5. AEU will not refund researchers in the event of unexpected natural or man-made disasters. Although AEU has back-up power supply, AEU is not responsible for any unforeseen circumstances under prolonged power shortages or system failure leading to death of the experimental animals.

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**STATEMENT BY CUSTOMER**

By signing below, I confirm I have read, understood and agree to abide by the full Terms and Conditions set out above.

Signature of Principal Investigator/Supervisor

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Name :

Date :

**11. Applicant's Assurances**

- a) I have read and understood the terms and conditions of AEU and hereby agree to be abide by them. Failure to do so will result in restricted access to AEU.
- b) I assume responsibility for compliance with AEU and Faculty of Medicine Institutional Animal Care and Use Committee (FOM IACUC), as applicable, for work carried out under this protocol.
- c) I understand that no work can begin unless I have received approval from the FOM IACUC.
- d) I understand that it is my responsibility to monitor the actual monthly housing and other charges. Should I decide to change the above funding source(s), I will provide thirty (30) days advance notice to the AEU Office. Failure to do so could result in restricted access to animals until a funding source is provided to the AEU. If there is any dispute concerning the charges, I will contact the AEU within 30 days of the statement date.

Signature of Applicant:

Signature of Supervisor/Principal Investigator:

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\_\_\_\_\_

Name:

Name:

Date:

Date:

**12. Office Use Only**

Form received by :

Approved by:

\_\_\_\_\_  
**Officer**  
Animal Experimental Unit  
Faculty of Medicine

\_\_\_\_\_  
**Head / Deputy Head**  
Animal Experimental Unit  
Faculty of Medicine

**Official stamp:**

**Official stamp:**

Date:

Date: