



**ANIMAL HOUSING APPLICATION FORM FOR ZEBRAFISH**

**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. Zebrafish

Species	Adult/Fry/Embryos	Gender	Quantity	No. of tanks

## 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.

## **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.

### **B. TANKS**

1. Tank cost for Zebrafish is based on per tank per month basis. A minimum of one week of agistment charge applies, except for special cases. Animal housing charges are subjected to variation in market prices for fish food, water filters, and other husbandry requirements.
2. Requested for any addition or reduction in the number of tanks needed must be submitted to the Lab coordinator.

### **C. RESPONSIBILITIES**

1. Only associate investigator(s) as named in the application form will be allowed to access the Zebrafish Lab.
2. Users must conform to all AEU facility security access policies. Experimental work MUST be conducted elsewhere. The Zebrafish Lab is strictly for housing of zebrafish.
3. Users must conform to all SOPs of AEU.
4. Users are responsible for the basic daily care (including on weekends & public holidays) of zebrafish in the Zebrafish Lab, including feeding, mating of adults for embryo production, tank cleanliness, general fish health, water quality, and other general husbandry required for the well-being of the fish.
5. Users are responsible for the cleanliness of the Zebrafish Lab.
6. Users must adhere to all quarantine requirements, if applicable.

### **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

---

Name :

Date :

## 8. 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 the AEU and Zebrafish Lab.
- 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:

\_\_\_\_\_

Name:

Date:

\_\_\_\_\_

Name:

Date:

## 9. Office Use Only

Details of Access Card/Thumbprint

Access Permitted via : Card / Thumb print	
Access Card ID/Thumb print ID :	Access Card No. :
Deposit : Yes / No	Amount : RM
Card Received Date :	Card Returned Date :

Form received by :

Approved by:

\_\_\_\_\_

**Officer**

Animal Experimental Unit  
Faculty of Medicine

**Official stamp:**

Date:

\_\_\_\_\_

**Head / Deputy Head**

Animal Experimental Unit  
Faculty of Medicine

**Official stamp:**

Date: