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| **UNIVERSITY OF NEW ENGLAND: COBRE BEHAVIOR CORE**  **WORK REQUEST FORM** | | | | | |
| **Contact Information** | | | | | |
| PI Name |  | | | | |
| Email |  | | | | |
| **IACUC Information** | | | | | |
| Protocol # |  | | | | |
| Are Behavior Core members listed on your protocol? (Yes or No) |  | If no, please submit an amendment to add:  Denise Giuvelis and Victoria Eaton | | | |
| **Animal Information** | | | | | |
| Species | Mouse | | | Rat | |
| Strain |  | | | | |
| Sex | Male | | Female | | Both |
| How many total animals will be tested? |  | | | | |
| Expected date animals will be ready for testing? |  | | | | |
| **Study Information** | | | | | |
| Is surgery required? (Yes or No) |  | | | | |
| If yes, what surgery? |  | | | | |
| Will the BC perform surgery? |  | | | | |
| Are the animals being injected? |  | | | | |
| If yes, what route of administration? |  | | | | |
| If yes, frequency of injection? |  | | | | |
| Will the BC perform injections? |  | | | | |
| Is perfusion/tissue collection required? |  | | | | |
| If yes, what method (perfusion cardiac puncture, etc.)? |  | | | | |
| Will the BC be collecting the tissue? |  | | | | |
| If yes, what tissue is being collected? |  | | | | |
| **Testing Information** | | | | | |
| What behavioral test(s) are you requesting? For a complete list, please visit: [www.une.edu/research/cobre/behavioral](http://www.une.edu/research/cobre/behavioral) | | | | | |
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| **Timeline and/or Additional Comments** | | | | | |
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| **Send completed form & any additional questions to:** [**behaviorcore@une.edu**](mailto:behaviorcore@une.edu) | | | | | |
| * We will review your submission and schedule a meeting to discuss any additional details, fees associated with the work and an approximate timeline for completion of the study. | | | | | |