

EQUINE CENTER RESEARCH REQUEST

Name: _____
Department/Bldg/Room: _____ Email Address: _____
Office Phone: _____ Cell Phone: _____
Research Group: _____ Funded Research Source or Sponsor: _____
Is a Proposal Pending? _____ Awarded? _____
Research Trial or Protocol Name: _____
Short name or nickname for this trial (the way that you will refer to it):

List personnel involved, including graduate or undergraduate students directly involved:

Brief one paragraph statement of proposed trial:

Starting date: _____ Ending date: _____
Number of animals needed: _____ SIU herd: _____ Purchased by PI: _____ Outside herd: _____
Age of animals: _____ Approx. weights _____ Sex _____ Breed _____
Type of space needed (number and size of pens/stalls/pasture; be specific):

Will the Feed Mill be involved: _____
Special feed ingredients needed (source and acquirer):

Does this ration have an Investigational New Animal Drug? _____
Feeding instructions: _____
Special personnel needs:

Special equipment needs:

Other instructions or requests:

Space Assignment:

Center Manager Signature: _____ Date: _____
Director of Farm Op Signature: _____ Date: _____
Requestor Signature: _____ Date: _____

BP# to be billed: _____