

BEEF 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, etc.; 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 Operations signature: _____ Date: _____

Requestor signature: _____ Date: _____

BP# to be billed: _____

Assigned Project # _____