

SWINE 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/stage: _____ approx. weights _____ sex _____ breed _____

Type of space needed (number and size of pens; 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 _____