REQUEST FOR VIVARIUM ACCESS

To Be Completed by Requestor:

<table>
<thead>
<tr>
<th>Investigator Name:</th>
<th>UCAR Number:</th>
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<tbody>
<tr>
<td>Department:</td>
<td>Species:</td>
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<tr>
<td>Phone Number:</td>
<td>Pager Number:</td>
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Provide the following information about proposed visit:

Date(s): _______________________

Time(s): Start: _______ End: _______

Visitor’s Name(s) Printed: ________________________________

Representing: ________________________________

Specific animal facilities to be visited (building, room): ________________________________

Scientific reason for visit: ________________________________

Signature(s): I agree that, 1) I will observe only, without participating in animal procedures, 2) I have been provided with information about health risks associated with the animals I will observe, 3) I will be accompanied by a UCAR approved investigative staff member (or Animal Resource member) at all times and 4) I will wear the badge assigned to me at all times while visiting the UR Animal Resource areas.

______________________________
______________________________
______________________________

I will ensure that all facilities, animal care, research procedures and policies are followed by these visitors at the University of Rochester. I will assure that visitors are accompanied by University of Rochester approved personnel and enter only approved areas.

Principal Investigator (or his/her designated UCAR approved staff member) ________________________________ Date

Visitor Escort

(Submit completed form to the Animal Resource Office, Box 674, Fax 273-1085, or e-mail Animal_Resource@urmc.rochester.edu)

To Be Completed by University of Rochester Attending Veterinarian or designee:

Request: □ Approved Assigned badge number: ________________________________

□ Denied – explanation of denial: ________________________________

Attending Veterinarian or Designee ________________________________ Date