1. [ ]  **Initial Request** [ ]  **Updated Request –** *specify reason* **-** Click or tap here to enter text.
2. **Extra-Vivarial Space Location**
	1. Building and room number: Click or tap here to enter text.
	2. Location description, including layout, containment level, equipment list and current room purpose: Click or tap here to enter text.
	3. A floor plan is attached: [ ]  Yes [ ]  Not available
3. **Area Supervisor(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Role | Employment relationship of EVS supervisor to Animal-Based Scientists wishing to use the space | Contact Information |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  arms-length – supervisor’s name: Click or tap here to enter text.[ ]  non-arms-length – specify: Click or tap here to enter text. | Click or tap here to enter text. |

1. **Name and visit frequency of individual(s) providing arms-length oversight:** Click or tap here to enter text.
2. **Justification for use of this space for animal-based science activities -** Explain specifically why the EVS is needed, including why an alternative space within a Laboratory Animal Facility is not suitable**.**

 Click or tap here to enter text.

1. Identify institutional personnel with whom you have discussed the need for space:

[ ]  An institutional veterinarian – specify name: Click or tap here to enter text.

[ ]  A Laboratory Animal Facility supervisor – specify name: Click or tap here to enter text.

[ ]  An institutional Occupational Health & Safety – specify name: Click or tap here to enter text.

[ ]  Animal Research Safety consultant

[ ]  The Animal Care Committee Office or Chair – specify name: Click or tap here to enter text.

[ ]  Other – specify name: Click or tap here to enter text.

[ ]  None of the above

1. **Provide the following information associated with AUP holders interested in using this EVS for live animal-based science activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| AUP Holder Name | AUP # | Species | A. Specific live animal procedures / holding requested B. Per animal cohort, provide the maximum duration and timeframe that live animals will remain hereC. Average number of cohorts per week & month |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | A. Click or tap here to enter text.B. Click or tap here to enter text.C. Click or tap here to enter text. |
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