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|  | **KUWAIT UNIVERSITY**  **HEALTH SCIENCES CENTRE**  **ANIMAL RESOURCES CENTRE (ARC)**  **REQUEST FORM FOR EXPERIMENTAL ANIMALS1**  **Semester : 1st/ 2nd / Summer** *(please circle one)* |  |

**NOTE: INCOMPLETE FORMS WILL BE RETURNED TO THE SENDER**

**Please acknowledge the ARC facility in your publication**

**The Animal Ethics Committee needs the following details of experiments**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Name of the Researcher: Prof./Dr.: | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
|  | Rank: | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Tel. No.: (Mobile): Click here to enter text. | | | | | | | | | | | | Ext: | | | Click here to enter text. | | | | | | Date Requested: | | | Click here to enter a date. | | |
|  | Faculty: | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | |
|  | Department: | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | Person/s responsible for animal care (Name all people who will visit the ARC to look after the animals) Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Details (Telephone Numbers): | | | | | | | | | | | Click here to enter text. | | | | | | Working days: | | | | | Click here to enter text. | | | | |
|  | Public Holidays: | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Animal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type of Animal: | | | | Choose an item. | | | | | | | | | | | | Strain: | | Click here to enter text. | | | | | Sex: | | | Choose an item. |
|  | Age: | Click here to enter text. | | | | | | | Weight: | | | | | Click here to enter text. | | | | | | Number of Animals needed: | | | | | | Click here to enter text. | |
|  | When do you need the animals *(Date)*? | | | | | | | | | | Click here to enter a date. *(please see next page for minimum number of days required to supply the animals)\** | | | | | | | | | | | | | | | | |
|  | Type of Supply: | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Project Category** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (Choose only one category: a separate request is required for each project) | | | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | |
|  | Project Number: | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
|  | MSc./Ph.D. Project number: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
|  | Student’s Name: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | |
|  | Supervisor’s Name (if it is different from item 1) | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | |
|  | Project Title (Full title is needed for all categories): | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | |
| 1. **Experimental Protocol** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | What experiment/s will be conducted in these laboratory animals? (experimental details are needed):  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | How the pain will be alleviated? (Type/s of anesthetics and other pharmaceutical interventions, if any):  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Details of Infectious, toxic or radioactive agent used (if used)  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **How the animal remains will be disposed?**  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Principal Investigator with stamp:  **Tuesday, July 14, 2015** | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**ARC OFFICE USE ONLY**

Technician-in-charge: Name:………………………………………..… Signature…………………………………….

Chief Technician

Name:………………………………………………Signature……………………………….……

Director’s approval and remarks:

Signature with Stamp

Please complete this form and send to the secretary or Chief Technician of ARC.

Please note that this form has to be signed by the Principal investigator. In his/her absence, the co-investigator can sign the form.

\*Please note that the gestation period is 19-21 days for mice and rats, 39 days for rabbits, 23 days for hamster, and 82 days for guinea pigs plus the age in days for the animals you have asked for should be considered at the time of the request. For example, if you need 10-week-old rats, then you have to request 98 days (70 + 21 days + 7 days extra) before the required date of supply. However, if the ARC has animals ready, then they can be supplied without considering the time period mentioned above.

**Maximum number of animals and cages given to the Principal Investigator:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Animals | Mice | Rats | Hamster | Rabbits | Guinea-Pigs |
| 100 | 100 | 100 | 16 | 16 |
| Cages | 20 | 20 | 20 | 16 | 8 |