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| **UNIVERSITY OF NEW ENGLAND: COBRE BEHAVIOR CORE** **WORK REQUEST FROM** |
| **Contact Information** |
| PI Name |  |
| Phone |  |
| Email |  |
| **IACUC Information** |
| Protocol # |  |
| Expiration Date |  |
| Are Behavior Core members listed on your protocol? (Y or N) |  | If no, please submit an amendment to add:Denise Giuvelis and Victoria Eaton |
| **Animal Information** |
| Species | Mouse | Rat |
| Strain |  |
| Sex | Male | Female | Both |
| How many animals per treatment group? |  |
| Expected date the animals will be ready for testing? |  |
| **Study Information** |
| Is surgery required? (Y or N) |  |
| If yes, what surgery? |  |
| Will the behavior core perform surgery?  |  |
| Are the animals being dosed with a compound? |  |
| If yes, what route of administration? |  |
| **Testing Information** |
| What behavioral test(s) are you requesting? For a complete list, please visit: [www.une.edu/research/cobre/behavioral](http://www.une.edu/research/cobre/behavioral)  |
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| **Additional Comments** |
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| **Send completed form & any additional questions to:** **behaviorcore@une.edu** |
| * We will review your submission and schedule a meeting to discuss any additional details, fees associated with the work and an approximate timeline for completion of the study.
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