**Saveetha Dental College and Hospitals**

**Biomedical Research Unit and Laboratory Animal Centre**

**(BRULAC)**

**Access Request Form**

|  |  |  |
| --- | --- | --- |
| **1** | **Name and Affiliation of the Principal Investigator** |  |
| **2** | **Grant or Project** |  |
| **3** | **Title of the Grant/Project** |  |
| **4** | **IAEC No:** |  |
| **5** | **Species to be used (Rat/Mouse/Rabbit)** |  |
| **5** | **No. of animals to be housed (Group details)** |  |
| **6** | **No. of days required to house animals (with start date and end date)** |  |
| **7** | **Invasive procedure involved in the study (if yes, provide complete details)** | Provide as separate documents (in detail) |
| **8** | **Consumables/drugs/materials to be utilized from BRULAC** |
| **9** | **List of Authorised Personnel’s accessing BRULAC facility for the proposed study (Name, designation and contact details) Provide details of students who will be accessing the facility during study period.** |  |
| **10** | **Any other assistance required (Man power, etc.,)** |  |

**Signature of the PI with Date:**