

RODENT GNOTOBIOTIC FACILITY SERVICE REQUEST FORM

PI Name: _____ Department: _____

PI Phone: _____ PI Email: _____

Contact Name: _____ Contact Email: _____

FOAPAL Account: _____

IACUC #: _____ IACUC Approval Date: _____

Briefly Describe Your Project:

Service Fees

Isolator Setup (\$700): _____ Port Access (\$30): _____

GF Mouse Each (\$75): _____ Hourly Labor (\$25): _____

Rederivation (\$4,000): _____ Initiation Fee (\$250): _____

GF Neonate Litter Each (\$75): _____

Total Service Charge: _____

*Hourly labor charge applies for sample collection, experimental procedures, etc. Service fees are separate charges from per piem.

PI Signature: _____ Date: _____