

# Aquatic Toxicology Research Facility

Toxicology Centre  
University of Saskatchewan  
44 Campus Dr., Saskatoon, SK S7N 5B3  
Tel: (306) 966-7441

## Project Submission and Approval Form

Please e-mail the completed form and attachments as a single PDF file to david.janz@usask.ca

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

This request is for: \_\_\_\_\_ (Research Project, Animal Holding, Breeding Colony, Teaching)

Indicate purpose of animal use and list funding source

### Researcher Information

Names of Researchers	Position*	Contact information	U of S Training Completed				
			Online Animal Care Course	Practical Skills Course - Aquatics	Biosafety Course	Laboratory Safety	Safety Orientation for Employees
<i>Primary Contact</i>		E-mail: Office: After hours: NSID:					
		E-mail: Office: After hours: NSID:					
		E-mail: Office: After hours: NSID:					
		E-mail: Office: After hours: NSID:					
		E-mail: Office: After hours: NSID:					
		E-mail: Office: After hours: NSID:					

**Note:** if more space is needed for researchers involved in the project, please attach a separate sheet.

\*Principal investigator (PI), Postdoc (PD) Graduate student (GS), Undergraduate student (US), Research technician (RT)

† Not Taken (NT), Completed (C), In progress (IP).

### Experiment Title

**Start date:** \_\_\_\_\_

**End date:** \_\_\_\_\_

**Project Outline**

Please provide a brief outline of the proposed research project. This should include justification for the research (uniqueness, relevance, etc.), space and equipment required, biohazard use and special precautions necessary, water and wastewater treatment plan and a research timetable.

**Research Animal Information**

AUP Number (attach copy of AUP): \_\_\_\_\_

Number of animals (including species) approved on above AUP:

\_\_\_\_\_

Number of animals (including species) required for the current project:

\_\_\_\_\_

Source of animals:

\_\_\_\_\_

Number/size of tanks required:

\_\_\_\_\_

**Chemicals and Effluent Treatment**

Please list all chemicals to be used in the ATRF for this experiment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Effluent Treatment**

Please indicate the media required for treatment of experimental effluent, if required. (Carbon, Rubber tire mulch, other)

Media type: \_\_\_\_\_