

**Animal Care and Resource Center - Cage Space Request Form**

Please fill out the following fields and send the completed form back to Lily ([acrcinfo@ncbs.res.in](mailto:acrcinfo@ncbs.res.in)). Your request will be reviewed at the next Internal Animal Users Committee meeting. The IAUC meets 1-2 times a month: you should then be notified of your request approval and decision within 1-3 weeks.

1. Name of PI / LabID:
2. Corresponding submitted or approved IAEC project title (s) (with IAEC project ID# if known):
3. Budget code or source of funding (the different ACRC cage housing fees are attached) :
4. Start and END Date / period of cage space request:
5. Current maximum number of allocated cages per animal housing environment type (if applicable / for internal labs only)?
6. Updated TOTAL Number of total cages requested per Vivarium# / SPF level# / ABSLlevel# requested for the next 12 months

(please fill out the tables 1 & 2 below/next page):

You will need to identify which Vivarium type, SPF level, and eventual ABSL2 cages you will be requiring for your experiment as the space availability and corresponding daily cage fees are animal housing environment dependent. The different SPF requirements, housing fees and definitions can be found on the [ACRC website](https://www.ncbs.res.in/research-facilities/acrc-useful-links). Please do contact Lily ([acrcinfo@ncbs.res.in](mailto:acrcinfo@ncbs.res.in)) if you need any additional clarifications or help in estimating these future cage (breeding and experimental) number requirements.

Pathogens being monitored and excluded from our mouse high barrier SPF1 or SPF2 facilities are updated [HERE.](https://drive.google.com/file/d/1WT3aJmOPmmBZqx2MrI2ymit6e642-IcX/view?usp=sharing)

**6)- Table 1: YEARLY breakup of ANIMAL REQUIREMENTS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strain name  Or Stock# | Number of **ANIMAL** MALE  BREEDER per YEAR | Number of **ANIMAL** FEMALE BREEDER  per YEAR | MAX Number of BREEDER**#**  **CAGES**  Required  per DAY | Expected average number of pups per litter? | Predicted Number of Experimental **ANIMALS** to be used per year  (per gender / per genotype) | Predicted Number of Non-Required\*  **ANIMALS** to be produced  per YEAR | MAX number of Experimental/ Stock  **CAGES#**  Required  per DAY | For which Vivarium Environment,  SPF-L#,  ABSL2? |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\*Non-Required animals are animals which will be produced as result of the breeding scheme but which will not be used for experiments because not matching required experimental genotype/ gender/ fitness criteria.

**#** Mouse Breeder cages can only be set up as duos (1 male +1female) or trios (1 male +2 females) – Breeder animals are typically replaced every 6-8 months depending on strain specifics- Production/Breeding cages should be set up with YOUNG fertile animals at max 3months of age to ensure maximum quality production and max breeding efficiency. Old animals or animals that have never bred within their first 3months of age will not be good breeders.

Mouse stock/experimental cages can hold a maximum of 5 adult mice.

Rat cages can hold a maximum of 3 adult rats-

* Additional Comments / requirements to be considered?:

**Date:** **Investigator Name & Signature:**



**6)- Table 2: TOTAL estimated max numbers of cages required for the next 12 months**

|  |  |
| --- | --- |
| Total MAX number of daily requested  mouseV2 – SPF1 cages |  |
| Total MAX number of daily requested  mouseV2 – SPF2 cages |  |
| Total MAX number of daily requested  mouseV2 – ABSL2 cages |  |
| Total MAX number of daily requested  mouseV4 cages |  |
| Total MAX number of daily V1 MOUSE low barrier room – For temporary use only. |  |
| Total MAX number of daily requested  ratV1 – SPF1 cages |  |
| Total MAX number of daily requested  ratV1 – SPF2 cages |  |
| Total MAX number of daily requested  ratV1 – ABSL2 cages |  |
| OTHER? Mouse ABSL3? (please specify) |  |

**Date:** **Investigator Name & Signature:**



Animal Care and Resource Center (ACRC)

Service Fees

