Print Form

Wake Forest University Primate Center
Cynomolgus Breeding Colony

Request Form

Submission Date _____

Contact Information - Principal Investigator

First Name _____ Last Name _____

◯ WFU Health Sciences Department Name _____ Dept # ☐☐☐☐☐☐

OR

◯ Other Institution/Company Enter Institution/Company Name _____

Billing Address

Contact Phone Number _____ Fax Number _____

Email Address _____

Please identify the scientific sponsor (a member of the Cynomolgus Breeding Colony Scientific Board) _____

Please describe the status of any funding for the proposed activity (i.e. unfunded pilot, funded pilot, funded grant).

What date do you need the requested service completed by? _____

Will the resources be used for an NIH funded grant? ◯ Yes NIH Grant#: _____

◯ No Funding Source: _____

Project Name

Please provide a general description of the proposed research (lay summary)

Approved WFU ACUC# (A##-###) If application available/applicable _____

If requesting access to live animals, please specify number required, procedures, and duration (including any need for capture, anesthesia, or removal from home pens)

		Age Selection			Age Selection
# of Males			Either Sex		
# of Females					
Total # of NHPs:					

◯ I would like to purchase these animals

◯ I would only like to request services

◯ I would like to lease the animals

If Lease, How long? _____

Will the conduct of your research program interfere with simultaneous or future use of the same animals? ◯ No ◯ Yes in what way?

Service Requested

Blood Sample:

	Tube Size
☐ Plasma	
☐ Serum	
☐ Special Additive	Describe

Biopsy:

☐ Fat

☐ Muscle

☐ Other (Describe) _____

Miscellaneous:

☐ CSF ☐ Amniocentesis ☐ Blood Pressure

Imaging:

☐ X-Ray

☐ MRI

☐ DEXA

☐ CT

☐ PET

Challenge Tests: **Select Only One**

☐ ACTH

☐ DEX Suppression

☐ GTT

☐ Minimal Model

Behavior Assessment (Describe)

Other (Describe)

Please specify the type of data, if any, that are requested from the shared Cynomolgus Breeding Colony data repository (e.g. pedigree or genetic information, behavioral or physiological phenotypes

Will your project provide phenotypic or genetic data to the Cynomolgus Breeding Colony data repository? If yes, please describe.

	ACCOUNT	FUND	ORG	PROGRAM	SUB-CLS	PRJ/GRT
WFUHS Chartfield if applicable						

Email or fax completed form to:

Dr. Matthew Jorgensen, WFU Primate Center, Medical Center Blvd, Winston-Salem, NC 27157-1040
EMail: mjorgens@wfubmc.edu FAX: (336) 716-1515

For administrative Purposes:

Project ID		Review Date			
Project Code		Decision			
Distribution Date		Start Date		End Date	