Print Form

Wake Forest University Primate Center
Vervet Research 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 Vervet Research 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 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 samples

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:

☐ ACTH

☐ DEX Suppression

☐ GTT

☐ Minimal Model

Behavior Assessment (Describe)

Special Requests (Describe)

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

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

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

Email or fax complete 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	