

OFFICE Only: Date Recv'd by CMG: _____ Date Recv'd by STRC: _____

**KSU Swine Teaching & Research Center
Request for Swine for Use in Research**

Type of Request: Animal Tissue

IACUC #: _____ IBC#: _____ (Provide a copy of the approved IACUC & IBC Documents)

Name of Experiment: _____

Name of PI: _____ Department: _____

Phone: _____ Email: _____

Name of Person Responsible for Experiment: _____

Phone: _____ Email: _____

Will these pigs be covered by the AWA?

AWA = Animal Welfare Act (i.e. "covered species", "biomedical work")

ANIMAL REQUEST

If requesting pigs (piglets, weaned piglets, growers, etc.) provide the following information: Age and/or body weight of animals, sex, and any additional requirements (i.e. castrated vs. non-castrated, vaccination status, pigmented skin).

Number of pigs requested: _____

If requesting sows and/or gilts provide the following information: Sow or gilt (is either one acceptable or preferable?), pregnant vs. non pregnant, preferred farrowing date, vaccination status (acceptable previous vaccinations vs. vaccinations for current gestation).

Number of sows/gilts requested: _____

Provide date(s) animals are needed:

**KSU Swine Teaching & Research Center
Request for Swine for Use in Research**

PI Name/IACUC #: _____

ANIMAL MANIPULATIONS

List ALL drugs, vaccines, etc. that are to be administered to the pigs	Pig location (facility) at time of administration (Swine Unit vs. LARC)	Are these materials approved for use in pigs for human consumption (yes or no)?	Withdrawal interval to slaughter, days

If any animals are to be treated with an unapproved material, what is the plan for euthanasia and disposal of carcasses?

Do you need any assistance from the staff at the Swine Teaching & Research Center other than feeding and other routine husbandry?

PI Signature: _____ Date: _____

CMG Reviewer: _____ Date: _____