

**Animal Nutrition and Physiology Center Usage Form  
Department of Animal Sciences  
North Dakota State University**

**Project/experiment title:**

**Source of funds:**

**Principal investigator & associated department (typed name, signature & date of submission):**

**Other personnel on project:**

**Has an IACUC protocol been approved?**

**If yes, what is your IACUC number? Please make sure the ANPC manager has a copy of your protocol.**

**Has the PI had a consultation with the ANPC manager?**

**Specific experimental objectives:**

**Rationale for the experiment:**

**Specific experimental procedures:**

**References (if applicable):**

**Requested space, labor needs, and/or equipment:**

**Duration of the project:**

**Start date:**

**End date:**

**Is there flexibility in your start date?**

**If yes, please explain.**

**Approvals:**

\_\_\_\_\_  
Farm Manager/Date

\_\_\_\_\_  
ANPC Facility Committee Chair/Date

\_\_\_\_\_  
Department Head, Animal Sciences/Date