

First name:

PLEASE FILL THIS FORM USING ADOBE READER OR ACROBAT

## **Animal facility access request**

**Email address:** 

Last name:  Date of birth:  Sciper No:			Gro	Group leader:  Position:  License(s) for animal experimentation, N°:				
			Pos					
			Lic					
Module 1	or equivalence: YES	NO						
Do you h	ave the agreement of	the Study	Director to	be registered ir	the a	fore-mentioned lice	nse(s): YES	NO
a) I b) I	t access to the CPG un Information session (se Practical training at the the information session schedule the practical	ee calenda ne request n. After att	r below) ed unit(s).	This second p	art sh	ould be performed		
Un	nit access reques	st						
On	the columns « access re	equest », pl	ease, check	the unit access	neede	d.		
	SV animal	Access	CAV ar	nimal Acc	ess	MED animal	Access	
	house	request	hou	se requ	uest	house	request	
	CONV		CONV		]	CONV mice		
	CONV P2		CONV P2		]	CONV rat		
	CONV C-Lab		CONV P3					
	TRANSIT							
	UDP							
	UDP P2							
20	23 Calendar: Info	ormatio	n sessio	ns on CPG	rules	5		
<u>Tim</u>	<u>ne:</u> 9:30 to 10:30am; <u>Lo</u>	cation: SV	1839 or ZC	OOM meeting.				
Ple	ase, indicate the session	on that you	will attend.	i				
	In	ath 🗖		NAS. 4th		0 (   7	th 🗖	
	January 12 January 20			May 4 <sup>th</sup> May 18 <sup>th</sup>		September 7 September 215		
	February 9			June 1st		October 5		
	February 23			June 15 <sup>th</sup>		October 19 <sup>t</sup>		
	March 9 <sup>t</sup>			June 29 <sup>th</sup>		November 2 <sup>n</sup>		
	March 23			July 13 <sup>th</sup>		November 16		
	April 6 <sup>th</sup>			July 27 <sup>th</sup>		November 30		
	April 20			August 10th		December 1	4 <sup>th</sup> □	
				August 24th				

Please send to animallicenses@epfl.ch this filled form, your CV and the module I certificate

