

PLEASE FILL THIS FORM USING ADOBE READER OR ACROBAT

## **ANIMAL FACILITY ACCESS REQUEST FORM**

First name:  Last name:  Date of birth:  Sciper No:			E-mail add	E-mail address:  Group Leader:  Position:  License(s) for animal experimentation, no.:			
			Group Lea				
			Position:				
			License(s)				
Module 1	l or equivalence: YE	ES NO					
Do you h	nave the agreement o	of the Study [	Director to be regis	stered in the af	ore-mentioned licens	se(s): YES	NO
•	t access to the CPG			d it is divided i	n two parts:		
	Information session ( Practical training at			econd part sh	ould be performed	within a we	ek from
	the information sess	sion. After att			the unit manager(s		
	schedule the practica						
Unit	access reques	t					
In the	columns « Access req	uest », please	e, check the unit(s)	you need to acc	cess to.		
	SV animal	Access	CAV animal	Access	MED animal	Access	
	house	request	house	request	house	request	
	CONV		CONV		ZF Facility		
	CONV P2		CONV P2				
	CONV C-Lab		CONV P3				
	TRANSIT		XENOPUS				
	UDP P2						
	ODF F2	Ц					
2024	l Calendar: Info	rmation s	sessions on C	PG rules			
Time:	9:30 to 10:30am; Lo	cation: SV18	39				
	e indicate the sessio						
	January	-			0 1	_	
	January	-	May 2 May 2		September 5th September 19th		
	February		May :	_	October 3rd		
	February		June		October 17th		
	March March		June	— ·	October 31st		
	April		July <sub>1</sub> July <sub>2</sub>	•	November 14th November 28th		
	April		Augus		December 12th		

Once filled, please send this form to animallicenses@epfl.ch along with your CV and the module 1 certificate

August 22<sup>nd</sup>

