

ANIMAL FACILITY ACCESS REQUEST 2026

First name:

Email address :

Last name:

Group leader:

Date of birth:

Position:

Sciper No:

License(s) for animal experimentation, N°:

Module 1 or equivalence:

YES ☐ NO ☐

Do you have the agreement of the Study Director
to be registered in the afore-mentioned license(s):

YES ☐ NO ☐

To get access to the CPG unit(s), a training is required and it is divided in two parts:

- Information session (see calendar below)
- Practical training at the requested unit(s). This second part should be performed within a week from the information session. After attending the information session, the unit manager(s) will contact you to schedule the practical training.

Unit access request

On the columns « Access request », please, check the unit(s) access needed.

| SV animal house | Access request | CAV animal house | Access request | Annexes | Access request | MED animal house | Access request |
|-----------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|
| CONV | <input type="checkbox"/> | CONV | <input type="checkbox"/> | CIBM | <input type="checkbox"/> | ZF Facility | <input type="checkbox"/> |
| CONV P2 | <input type="checkbox"/> | CONV P2 | <input type="checkbox"/> | AI Petersen | <input type="checkbox"/> | | |
| CONV C-Lab | <input type="checkbox"/> | CONV P3 | <input type="checkbox"/> | AI Schneggenburger | <input type="checkbox"/> | | |
| TRANSIT | <input type="checkbox"/> | | | | | | |
| UDP | <input type="checkbox"/> | | | | | | |
| UDP P2 | <input type="checkbox"/> | | | | | | |

2026 Calendar: Information sessions on CPG rules

Time: 9:30 to 10:30am

Location: SV 1839

Please, indicate the session that you will attend.

| | | | | | |
|---------------------------|--------------------------|-------------------------|--------------------------|----------------------------|--------------------------|
| January 9 th | <input type="checkbox"/> | May 8 th | <input type="checkbox"/> | September 11 st | <input type="checkbox"/> |
| January 23 th | <input type="checkbox"/> | May 22 nd | <input type="checkbox"/> | September 25 th | <input type="checkbox"/> |
| February 6 th | <input type="checkbox"/> | June 5 th | <input type="checkbox"/> | October 9 th | <input type="checkbox"/> |
| February 20 th | <input type="checkbox"/> | June 19 th | <input type="checkbox"/> | October 23 rd | <input type="checkbox"/> |
| March 6 th | <input type="checkbox"/> | July 3 rd | <input type="checkbox"/> | November 6 th | <input type="checkbox"/> |
| March 20 th | <input type="checkbox"/> | July 17 th | <input type="checkbox"/> | November 20 th | <input type="checkbox"/> |
| April 10 th | <input type="checkbox"/> | July 31 st | <input type="checkbox"/> | December 4 th | <input type="checkbox"/> |
| April 24 th | <input type="checkbox"/> | August 14 th | <input type="checkbox"/> | December 18 th | <input type="checkbox"/> |
| | | August 28 th | <input type="checkbox"/> | | |

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