## BEEF CENTER RESEARCH REQUEST

Name:	
	Email address:
	Cell phone:
Research Group:	Funded research source or sponsor:
	Awarded?
Research Trial or Protocol Nam	ne:
Short name or nickname for this trial (the way that you will refer to it):	
List personnel involved, includ	ing graduate or undergraduate students directly involved:
Brief one paragraph statement of proposed trial:	
Starting date	Ending date
Number of animals needed	SIU herdPurchased by PI Outside herd
	Approx. weights Sex Breed
	Bred Cow: Heifer: Steer:
_	and size of pens/stalls, etc,; be specific):
Will the Feed Mill be involved	?
Special feed ingredients needed	d (source and acquirer)?
Does this ration have an Investi	igational New Animal Drug?
Feeding instructions:	
9	
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Other instructions or requests:	
	Date:
Director of Farm Operations sig	gnature: Date:
Requestor signature:	Date:
BP# to be billed:	