SWINE CENTER RESEARCH REQUEST

Name:_____
Department/Bldg/Room:_____ Email address:_____
Office phone:_____ Cell phone:_____
Research Group:_____ Funded research source or sponsor:_____
Is a proposal pending?_____ Awarded?_____
Research Trial or Protocol Name:_____
Short name or nickname for this trial (the way that you will refer to it): _____
_____

List personnel involved, including graduate or undergraduate students directly involved:
_____
Brief one paragraph statement of proposed trial: _____
_____
_____
_____

Starting date _____ Ending date _____
Number of animals needed _____ SIU herd ____ Purchased by PI _____ Outside herd ____
Age of animals_____ Approx. weights_____ Sex_____ Breed_____
Boar: _____ Open Sow: _____ Bred Sow: ____ Gilt: ____ Barrow: _____

Type of space needed (number and size of pens/stalls, etc; be specific):
_____

Will the Feed Mill be involved? _____

Special feed ingredients needed (source and acquirer)?
_____

Does this ration have an Investigational New Animal Drug? _____

Feeding instructions: _____
Special personnel needs: _____
Special equipment needs: _____
_____

Other instructions or requests:
_____
_____

Center Manager Signature: _____ Date: _____
Director of Farm Operations signature: _____ Date: _____
Requestor signature: _____ Date: _____
BP# to be billed: _____