

DEPARTMENT OF VETERINARY RESOURCES

Scientific Observer Form

****REQUEST MUST BE SUBMITTED 72 HOURS PRIOR TO THE DATE(S) OF OBSERVATION****

LOCATION: ARC CTRB -LEVEL C CTRB -LEVEL D

Date:	Species:	Protocol ID #	Investigator:
Name of Participant and Phone #:			
Name of Company or Institution:			
Please provide scientific justification for observation:			
Name of Escort and Phone #:			
Dates of Observation (dates must fall within the same week; 7-day period only):			

The protocol that you are about to view involves the use of experimental animals. The animals have been specifically bred for use in these experimental procedures and will be used in this approved protocol, which is conducted under USDA regulations and in compliance with NIH guidelines.

Your signature below indicates that you have been informed of these facts.

Signature of Participant

Signature of Escort

Approved:	
_____ DVR Authorized Signature	_____ Research Safety Authorized Signature
_____ Date	_____ Date