

Meat Science Technology Center Resource Request  
Effective: June 1, 2015

For research projects being conducted in the Meat Science Technology Center's Meat Processing Facility, please fill out the following to the best of your ability and return to Ryan Crowe. This sheet must be filled out prior to beginning research.

Was IACUC approval required:  Yes  No

If yes, IACUC Number: \_\_\_\_\_

Graduate Student: \_\_\_\_\_

Major Faculty: \_\_\_\_\_

**Project Start Date (at MSTC):** \_\_\_\_\_

**Brief Title:** \_\_\_\_\_

**Objectives:**

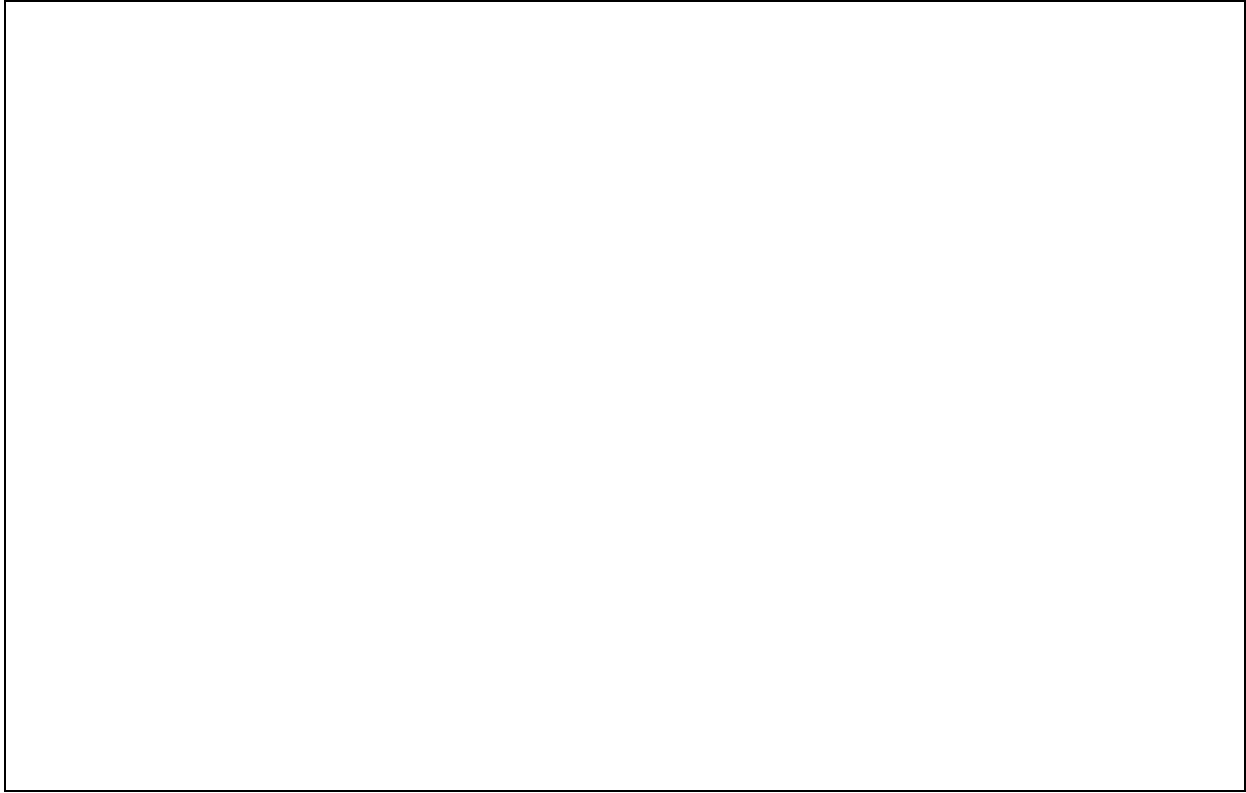
**Project Background/Narrative:** *Please be sure to include the total number of animals to be run through the facility. Continue on back if more space is necessary.*

**Methodology (those for MSTC only):**

*Please include a brief explanation of the methods/analyses that will be conducted at the MSTC including:*


*--Specific data collection points, and the time of collection*

*--any samples (and estimated number) to be collected for the research*



**Estimated Timeline:**

*-It is understood that timelines are projected and may change, however, this will give the laboratory the ability to be somewhat prepared. If timeline changes occur please let us know as soon as possible.*



**Special needs necessary to perform project:**

*List any rooms, materials, supplies, or equipment that will be needed for this project\**

\*Specify whose responsibility (researcher or MSTC) it is to provide or pay for each of the special needs listed. Make sure enough detail is included, so that both researcher and the MSTC manager clearly understands what is to be provided by each to the project.

Account Number to be charged: \_\_\_\_\_

--depending on the scope of the project, the faculty/PI may be responsible for kill fees, packaging materials, casings, meat product, and/or labor.

A Written protocol is required for all projects. Is written project protocol attached? \_\_\_\_\_

**Project Approval:** Project will not be approved until both project protocol and resource request form have been submitted.

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Lab Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_